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# QUARTERLY

THE CHICAGO MEDICAL SCHOOL

VOLUME 3, NUMBER 2

DECEMBER, 1942

**BUY**

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**BONDS**

# QUARTERLY

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## THE CHICAGO MEDICAL SCHOOL

VOLUME 3, NUMBER 2

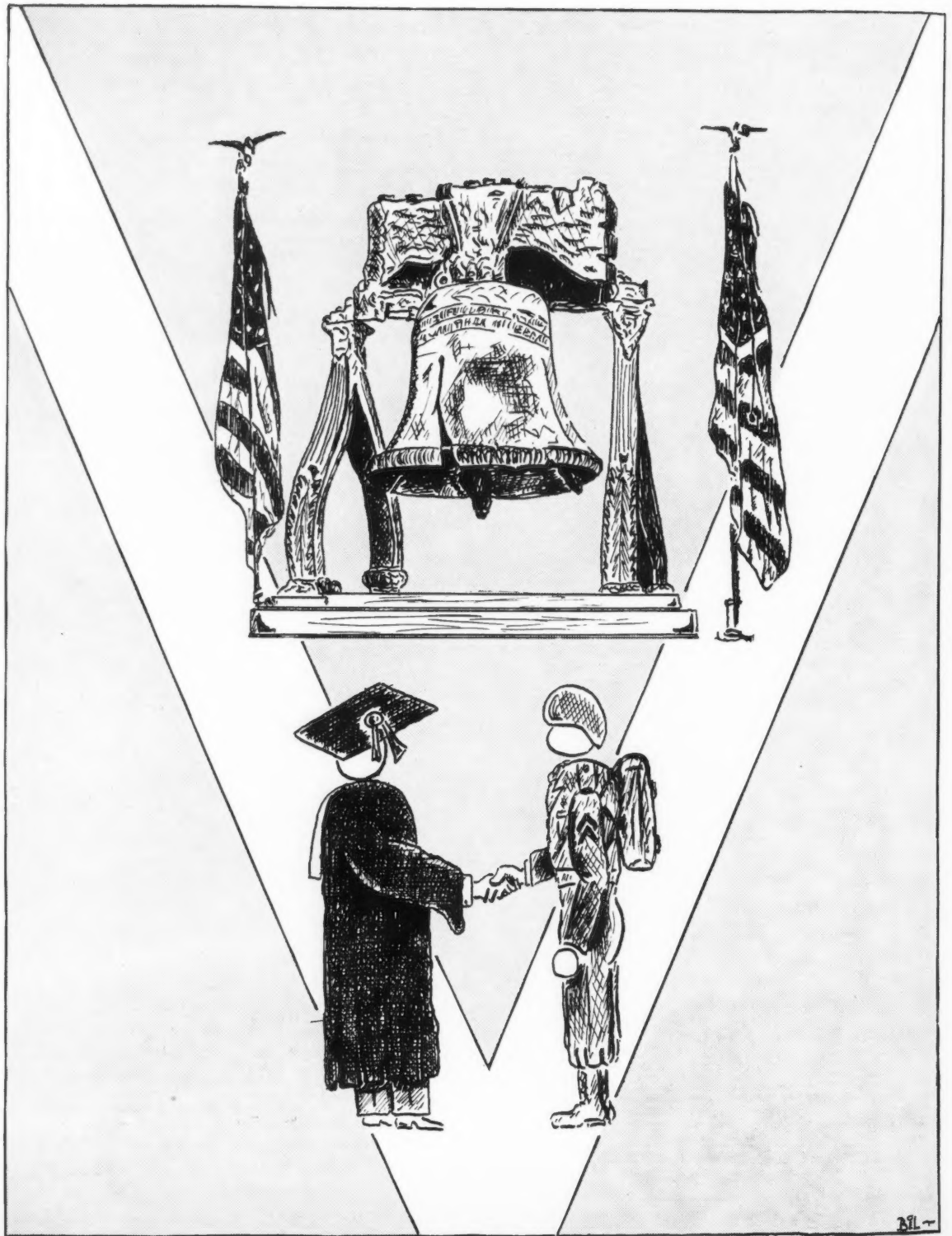
DECEMBER, 1942

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Our leading article, by Dr. Maurice Oppenheim, should interest you. After reading it, you should, like Sherlock Holmes, be able to tell a man's occupation just by looking at him • Dr. Dreikurs presents a timely article on the importance of neurosis in psychiatry • Lt. John A. Sukey, one of our Alumni ('33), writes on the great usefulness of a relatively new medication for peptic ulcer • In his letter to Captain Rosenblum, our former teacher of physical diagnosis, Dr. Goldfinger gives brief clues on a number of cases from his practice. How good are you at "snap" diagnoses? • Industrious Bernard Lieb has been through the literature and presents an intelligent article on a new technique in the surgical treatment of Angina Pectoris • Max Dee Shapiro tells a good story from his "practice" • Harold Zolan indulges in a bit of whimsy in which medical students reply to a question, "What is Life?" • Dr. Kruglick has a revealing conversation with a two-week-old patient! • A new departure for us is Marvin Ziporyn's paper "On Modern Music". Let us know what you think of it. We prefer Scarlatti • Then we have a complete listing of alumni and faculty in the armed forces. Chicago Med is doing her bit • Meet our new faculty men and learn about some of our old-timers in "Faculty Notes" • We conclude with note on Books, Alumni, Organizations, Personal Announcements and a reminder to BUY WAR BONDS AND STAMPS.

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## EDITORIALS

TODAY the medical profession faces one of its greatest trials. By this time it is perhaps commonplace to repeat that the war situation causes a great increase in the need for medical care, for the armed forces and for the civilian population. The men in service need doctors, the workers in industry need doctors, and the "folks at home" need doctors.

After a year of being at war, we have not yet solved the problem of proper and adequate distribution of medical man-power. Whereas many controversial points may arise in a discussion of this subject, we may perhaps agree that what is most needed is *planning*, by a properly empowered group composed of the interested parties, be they governmental, medical, industrial, trade union, or any other. With the proper spirit of cooperation and appropriate fact-finding, coordinated plans could certainly be made and executed for an equable distribution of medical service. If certain communities need doctors, this need must certainly be met. After all, if troops are needed in North Africa, they are sent there. Are physicians less willing to serve their country? We are certain this is not so.



Once again the Alumni are encouraged to write to us of their activities. We would also welcome articles or stories for publication. The Alumni have a large share in our magazine, and it is hoped that they will show greater interest and take a more active part.

# OCCUPATIONAL DERMATOLOGICAL STIGMATA

MAURICE OPPENHEIM, M.D.

*Professor of Dermatology, The Chicago Medical School*

The skin is one organ that serves to isolate the rest of the body from the surrounding world. Therefore, it alone is subject to external influences and, consequently, shows corresponding alterations. Those changes by which the skin may disclose the occupation we call occupational marks or stigmata.

The purpose of this article is to discuss those changes of the skin which are caused by various occupations or professions. These changes may be mute evidence of a patient's past history and may offer conclusive evidence as to his employment. There are, however, exceptions to so general a statement. Not all people show skin changes peculiar to their occupation to the same degree; a certain disposition is necessary, and we may observe all degrees from an absolute lack of any skin alterations due to occupation, to the most exaggerated examples of the same.

We may classify these skin changes into two groups:

- A. Occupational stigmata
- B. Occupational diseases

By occupational stigmata we understand changes of the skin which, after a long pursuit of a certain kind of work, occur with more or less regularity without, however, injuring the individual's working capacity. By means of these stigmata, one is able, to a great degree, to approximate an individual's mode of employment. These characteristics are caused by various factors, viz., mechanical, chemical, thermal, light, electrical, and other forces. We classify them as follows:

- 1. Colorings
- 2. Stratifications
- 3. Rhagades and Excoriations
- 4. Nail alterations
- 5. Pigmentations
- 6. Callosities
- 7. Telangiectases
- 8. New formations of connective tissue and bursal mucosa
- 9. Cicatrizations
- 10. Interspersions and tattooings

As a rule, the first six alterations disappear when that type of employment is ended. Of these six, the first three categories are only temporary, the second three being of longer duration. The last four types

of occupational stigmata last a whole life time, even after that occupation has been abandoned.

## 1. COLORINGS

Colorings of the skin are either transient or permanent. By colorings here is meant not those which come about via the circulation, but only those which get on, or into, the skin due to external influences, such as dyes. Also, tattooings are excluded.

Among transient colorings must be distinguished those which may be removed by simple cleansing with soap and water, and others which can only be removed through more vigorous procedures. Among carpenters, painters, lacquerers, and men who work in dyeing institutions and chemical industries, one can observe that the hands, underarms, and nails are dyed with the colors with which they work, viz., red, blue, green, and yellow. Especially is this true of silk dyers, wherein the coloring is more pronounced. With tar and lacquer colors, cleaning with oil, turpentine, and alcohol is necessary.

Chimney sweepers, firemen, and blacksmiths have brown and black colored faces and hands. However, in these cases, a simple cleansing with soap and water is sufficient. Workmen occupied with nitric acid show yellow coloring of the nails; leather-dressers have a brownish-red coloring of the skin and nails.

Chemical alterations of the epidermis and nails is the cause of the changes produced by wood-dyes among cabinet-makers. The skin becomes thicker, of a brown-black color, and develops deep furrows. Among zinc-workers, by continued exposure to sulphuric acid, for instance, the skin is likewise thicker, the furrows of the skin more intense, and colored alternately in tones ranging from yellow-brown to black.

Among glass workers we see a black coloration of the palm, caused by the constant rolling of the hot tube in the hollow of the hand.

The black puncturing through comedon (black-head) formation must also be classified as an occupational stigma. These appear in occupations where the workman is using oil, petroleum, or similar substances. The sebaceous glands become clogged and black head formations are the result. These are most pronounced among people working with petroleum.

Pitch workers show the so-called "pitch skin,"

which has three symptoms: general browning of the bare parts of the body, especially the face; comedon formation; and hyperkeratotic processes. All of these manifestations are to be found especially on those parts of the body that are uncovered. Pitch skin is the so-called "cobbler's chest." Another distinctive mark of pitch or tar skin is the brownish discoloration of the sclerotics.

From ecrasite and picric acid, among ammunition workers, the hair becomes green and yellow. Rose-colored hair is seen among workers in the feather-dyeing industry, due to the aniline dye. Finally may be mentioned the brown coloring of the cornea in the region of the lid-opening, due to chromic vapors.

## 2. STRATIFICATIONS

Coats of stored substances belong to the most vacillating of the occupational marks. Pitch clings to the hands of the shoemaker, one finds minium with the man who lays pipes, meal-dust with the baker, particles of iron with the blacksmith, metal particles with metal workers, etc. These substances are often found in the hair and under the nails, where they may remain for a long time, and sometimes even lead to inflammation.

## 3. RHAGADES

Among these we are interested only in such as appear in typical form in certain occupations, since in every kind of work accidental injuries of the skin may occur. People who work with materials that are brittle and difficult to manipulate, as, for instance, the tinsmith, show at the bending side of the palm, shallow, parallel straight lines in all directions. These same rhagades are seen on the palms of wire-drawers. Sewing-women show, on the tips of their fingers, numberless prick injuries from the needle, especially on the left index finger. Blacksmiths have deep irregular rhagades, excoriations, and slight burns on the back of their hands and on their forearms.

## 4. NAIL ALTERATIONS

The alterations of the nails are brought about by chemical or mechanical causes. These changes befall either all the nails or only the nails of certain fingers. So, for example, the nail of the right thumb of a watch-maker is short, hard, and twice as thick as the other nails, because it serves to open the watches. All the nails of pianists or violinists are short. Millers too have short nails, because of the rubbing against the millstone. The nails of workers of mother-of-pearl are worn down and cut slant by the whetstone. These kinds of nail alterations are brought about by mechanical factors.

Injuries to the nails through chemical effects belong mainly in the sphere of nail diseases. However, some of these may be regarded as marks of employment. The nails of the washer-woman, for instance, are split and soft. I have observed among laborers employed in making percussion-caps, that the nails of the fourth and fifth fingers especially of the right hand, but also on the left hand, show on their edges, beginning from the middle, a thickening and slanting up toward the sides. All the other nails are unchanged. The reason here is to be found in the fact that these fingers are used to remove the cartridges from the perforated metal pans after they have been dipped in an acid solution.

The loosening and lifting of the nails among washer-women has been described by the author. The dislodging of the nails takes place in such a manner that the nails first become loosened from their bed in the middle, then follow the parts to the sides, whereas the central loosening develops later. In consequence, the loosened nails build a half-moon or trapezoid form and, because of the dirt which gathers in the crevice between the nail-bed and the nail, show a black color. The dislodgment of the nails is due to the softening of the nails in the hot soda-soap solution, and the wringing process then mechanically loosens them from the finger tip. This same type of nail dislodgment I observed in pork butchers. Here, too, the nails became soft through the use of hot soda solution. The actual dislodgment of the nails followed, during the turning and cleaning of the pigs' feet.

## 5. PIGMENTATIONS

The pigment colorings are divided into two groups: those which appear only on the uncovered parts of the body, as, the face and hands, and those which affect the whole skin. As examples of the former we have farmers, hunters, soldiers, messengers, coachmen or carpenters who, through work in the open air, are subject to influences of the sun, wind, cold, and heat.

If a special inclination exists, or if the injuries due to temperature influences in the open air are particularly lasting or intensive, two types of changes may follow in succession. These changes belong in the group of occupational diseases.

One of these changes is a withering of the skin, especially the elastic fibers. The second change consists of an enlargement of the blood vessels. The skin consequently becomes weather-worn, atrophied, and looks aged. The skin assumes a yellow-brown color, is wrinkled, sprinkled with red spots, and its elasticity

is reduced. The veins become clearly visible. The skin, at the same time becomes thicker, hard, and horny, with a distribution of moles in various parts of the skin. One calls this "sailor's and farmer's" skin.

Regarding pigmentation of the skin through substances which enter the skin through the circulation and which are characteristic for certain occupations, there are a few types which may be mentioned here. Arsenic melanosis is one type that is seen amongst feather-makers, tapestry-workers, etc. The skin, in this type of pigmentation assumes a dark brown color. In argyria, the skin becomes colored, ranging from a bluish shade to blue, because of the intake of metallic silver.

Industrial argyria involves the entire skin due to blood dissemination.

#### 6. CALLOSITIES

Callosities, the most important group of occupational marks, is so extensive a subject as to require an article for itself and can, therefore, only be mentioned briefly here.

Callosities are the most frequent and typical marks of occupation, and are found mostly on the hands. They may also develop on other parts of the body, if these parts are subject to constant pressure or rubbing.

By callosities we understand flat and level thickenings of the cutis which usually vanish gradually into the surrounding parts. They are of a transparent character, being yellow, yellow-brown or brown. They feel hard to the touch, the lines of the skin are less pronounced in them, and feeling in them is reduced. They usually develop on places where the skin lies directly on the bone, and are caused mostly by pressure or rubbing. They may, however, be caused by chemical substances (acids, alkalies, certain kinds of oils) or by arsenic, or may be caused by heat, and finally may be caused by exposure to light.

By means of these callosities one may recognize different kinds of occupations. There is scarcely a trade in which characteristic callosities may not be developed, for instance, calluses on the head, among women who carry heavy burdens on their heads. Characteristic calluses may be seen on the hands of coopers, textile printers, lubricant workers, street sweepers, and leather tanners. Leather dressers show, on the outer side of the right knee and shank, a large callus caused by the stretching of the leather with the leg.

The "pork-butcher" callus also deserves mention because in this case it is present on the whole palm of the hand.

Characteristic calluses may also be found among joiners, shoeworkers, tailors, locksmiths, bakers, file-hewers, horseshoers, hat-makers, porters, workmen who carry zinc plate or zinc rolls, white washers, lacquerers, musicians who play the violin, penmen, etc., but lack of space does not allow a more exact description of these.

#### 7. TELANGIECTASES

Persons who, due to their occupation, are subject to constant changes in temperature, as, for instance cooks, blacksmiths, gardeners, coachmen, etc., may develop, in addition to pigment changes, enlargement and new branching of the blood vessels of the skin. This is especially true on the face, the cheeks and the nose, as well as on the back of the hands and fingers. In these areas, blue-red vessel-ramifications make their appearance. These telangiectases become permanent and remain in this form or they may become associated with hyperpigmentation and formation of ephelides (freckles).

#### 8. CONNECTIVE TISSUE AND MUCOUS BURSA FORMATIONS

These occupational stigmata belong, in reality, in the domain of surgery. They shall therefore, be mentioned only briefly.

Among persons who do their work kneeling, as, for instance, scrub-women, mucous bursae develop, with preference for the kneecaps. We find a similar condition on the elbows of stone-cutters and millstone grinders who do their work lying down, supporting themselves on their elbows.

#### 9. CICATRIZATIONS

Characteristic scar formations occur in numerous industries where slight injuries are not to be avoided. One finds irregular, ray-like scars either just on the surface of the skin or sometimes deeper. These scars may vary in size from that of a millet seed to a one-cent piece, and may be seen on the underarms, hands, and fingers of smiths. They are of brown color and are caused by sparks of glowing iron and steel which result in burns to the skin.

Typical scars for die-casters are seen on the middle of the foot, are round or oval, and vary in size from that of a one-cent piece to that of the palm of a hand, and are colored brown from the burn.

Tinsmiths, basketmakers, etc., show on the palms of their hands, long parallel, line-like scars caused by the numerous incisions they get while working.

*(Continued on page 39)*

## THE CHANGING SCOPE OF PSYCHIATRY

RUDOLF DREIKURS, M.D.

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The Chicago Medical School*

During the last few decades the content and significance of psychiatry have greatly changed and improved. This is so despite the fact that we still know very little about the nature and structure of mental disorders. We do not know much, as yet, of the causes of insanity, nor do we have definite insight into its pathological foundation. The old textbooks of psychiatry gave an excellent description of mental disorders, and today we hardly know more. The many theories brought forth, and shortly afterward disproved, indicate only a lack of definite facts. This inadequacy of knowledge has not prevented some recent progress in the treatment of psychoses. But, again, we know what helps without knowing why.

The important changes which have occurred in psychiatry were caused by the shifting of the emphasis to new problems, especially through the newly acquired insight into the structure of neurosis. Previously, psychiatry was almost exclusively concerned with psychoses, with mental disturbances which can be classified as insanities. The problems of neurosis were barely mentioned because they were little understood and no adequate treatment was available. Psychiatrists looked upon neurotic patients with some kind of contempt, these cases being neither interesting nor promising.

The picture has changed considerably, especially since Freud made the problems of neurosis understandable and interesting. Today most psychiatrists are at least as much concerned with neurosis as with psychosis. No longer, as most laymen and many physicians believed, does psychiatry deal merely with insanities, nor is everyone who is a patient of a psychiatrist mentally deranged. Many do not realize that the field of psychiatry has widened considerably to include far more than psychopathology in the strictest sense. Its interest has shifted from extreme abnormalities to the conditions on the borderline of normality, thereby getting closer to general medicine, to psychology, to education, and to social science. The psychiatrist of today leaves his isolation of a strange specialty and steps out of mental institutions into the general hospital.

This new relationship between psychiatry and general medicine has far-reaching consequences. Certainly, connections between them always have existed.

Many diseases, viz., arterio-sclerosis, syphilis, infectious diseases, beriberi and many others, occasionally produce psychotic conditions; but as long as only psychoses were known as psychiatric complications, the general physician was unable to offer much help. The treatment of such disturbances was, and still is, exclusively in the hands of psychiatrists. The general physician is not in a position to do more than make the diagnosis of a mental disorder, consult a psychiatrist, or arrange a commitment of the patient to an institution. This picture has changed radically with the discovery and understanding of neurosis. We know today that a great number of all patients have neurotic or functional symptoms which are often superimposed upon various organic conditions. On the other hand, emotional stress and nervous tensions often produce real pathological conditions (stomach ulcers, colitis, hyperthyroidism, arthritis, and many others). The general physician, and many a specialist, must understand psychological and emotional disturbances and know how to handle this type of patient. This knowledge cannot any longer be the privilege of a small number of psychiatric specialists. Minor emotional irritations and psychopathic maladjustment must remain in the hands of the general practitioner, the psychiatrist being consulted only in severe cases. However, the psychiatrist has the function of making all practicing physicians aware of the various psychopathological conditions found in patients who can still be regarded as "normal" and sane.

The general practitioner needs psychological knowledge as part of his equipment to treat sick persons in general. He is, moreover, consulted very frequently by persons with nervous symptoms and complaints. Fatigue, lack of energy, slight disturbances of memory, inability to concentrate, and pains of various kinds, are as frequently symptoms of worries, discouragement and feeling of defeat as they are of physical illness. In many cases it is difficult to determine whether psychological conditions have caused organic disturbances or are the consequence of them. Any distinction between psyche and body is more or less artificial, as both are parts of one whole human personality and influence each other continuously.

Organ-neurotic disorders are found in all branches of medicine. Some typical examples indicate the great



variety of psycho-somatic problems. To this group belong various heart disorders and vascular disturbances, certain types of hypertension and glandular disturbances, gastrointestinal disorders, asthma and allergies, all in the field of internal medicine. In other special fields belong various nose and throat conditions based on vegetative disorders; skin irritations, caused by physical or emotional sensitivity, masculine impotence, and frigidity. Pediatricians are continually confronted with psychological problems. Improper handling of children by unskilled parents, and detrimental environmental influences, cause physical and emotional disturbances of various kinds, food problems, hypersensitivity and lack of resistance, and inadequate mental and physical development. Even surgeons do not treat only the body. Their patients need confidence and hope. Encouragement increases the resistance against shock and facilitates the recovery after operations. Some reports indicate that even tumors, like warts, sometimes disappear merely by suggestive treatment. That may sound like black magic, because not enough is known, as yet, about the physiological mechanism which would explain such phenomena. It is most likely that the vegetative system is involved in the establishment of psychosomatic symptoms. However, we are just beginning to recognize the psychological element in many diseases and to discover how the mind can influence physiological and pathological processes.

Inadequate training prevents many a physician from recognizing psychological factors, unless he is fortunate enough to understand human nature intuitively. Many resent a patient who presents the picture of a sick man without really being "sick," in a physical sense. Any recommendation based on medical knowledge and good intentions, but inadequately backed by proper psychological insight, can do a great deal of harm. Advising a patient who can hardly manage his present life problems, to get married, puts new burdens on the shoulders of an already discouraged individual. There are physicians with a fine medical education and ability, who cannot succeed because they have never learned how to handle "difficult" persons. Consequently, many patients get worse under medical treatment, as they develop symptoms which are called "iatrogenic" or "medicogenic," i.e., caused by a physician (Greek—*iatros*) who talks too much or who instills new and detrimental ideas into a receptive neurotic mind.

Adequate psychiatric training for every physician becomes increasingly important. But this psychiatric training can no longer be restricted to information

about abnormal psychology and psychopathology. It is impossible to understand the pathology of any organ without sufficient knowledge of its normal functioning. Therefore, psychiatry becomes increasingly interested in "normal" psychology. However, it is not yet decided who is competent in this field. Much confusion is caused by the competition between the so-called "academic" psychology and what we term "medical" psychology, which is connected with the names of Freud, Adler, Stekel, Jung, Kuenkel, and others. There is hardly any part of science as much contested and as full of controversial views and contradictory reports as psychology. While academic psychology can indulge in scientific research, in order to establish "objective truth"—if that will ever be possible—the physician cannot wait, because he must act and help. He cannot study all schools of thought thoroughly. That would only confuse and render him more helpless than he might have been before. For this reason, medical psychology is little concerned with the problems of academic psychology, which is mostly interested in testing and research, and which does not provide sufficient practical suggestions and techniques. Freud's psychoanalysis, developed independently from academic psychology, offered direct insight into human problems and reactions. The writer cannot accept many of the psycho-analytic concepts because they often contradict practical experience and seem to be too far-fetched. They also neglect important factors in human relationships in favor of overmechanized intrapersonal contradictions. The writer has found more practical value in the ideas of Alfred Adler, who recognized individual personality and human problems as the result of social attitudes and social conflicts. Definite concepts of the structure of the human personality are essential before one can deal with the problems of abnormal psychology.

This interest in "normal" psychology is accentuated by similar trends in other fields of medicine. As the study of normal functions precedes an understanding of pathological conditions, so the study of diseases leads back to an interest in normal conditions. The function of medicine is no longer merely to treat sickness, but to prevent healthy persons from becoming sick. Hygiene supplements therapy. In accordance with this general trend, psychiatry has generated mental hygiene, which brings normal individuals into the sphere of psychiatry.

The problems of normal life, of social conditions, of work and recreation, of sex life, and of human

*(Continued on page 38)*

## THE USE OF KALUM (KAOLIN-ALUMINA GEL) IN PEPTIC ULCER THERAPY

LT. JOHN A. SUKEY, M.D.

Invariably, the physician derives a great deal of satisfaction from seeing his patients respond favorably to treatment, whether the treatment consists of a sulfa drug or just castor oil, but few cases offer as much gratification as those of peptic ulcer which respond to treatment quickly and thereby enable the patient to resume his normal activities. Now, more than ever, this is an important factor. Every man-hour of work lost at the present time is a severe hindrance to our war production effort, and in the long run, may influence the outcome of a battle. Kalum is not a cure-all, but it does produce favorable results, and treatment extends over a relatively short period of time.

Kalum is primarily a mixture of kaolin and alumina gel. The former, an adsorbent, is a clay, consisting chiefly of hydrated aluminum silicate; the latter is adsorbent also, but in addition, is a good antacid.

The use of kaolin and alumina gel together for peptic ulcers is relatively recent, and dates back only to 1934, when it was first used by Swalm. Early investigators sought the ideal drug for the therapeutics of peptic ulcers among those having the best acid neutralizing powers. One of the most successful of these early workers was Sippy who, in 1915, introduced his famous Sippy powders. These were merely a mixture of gastric antacids, consisting of magnesium hydroxide, sodium bicarbonate, and bismuth subcarbonate. Following Sippy's lead, gastroenterologists and practitioners alike adopted this alkali therapy in the management of peptic ulcer, and occasionally introduced slight modifications of the orthodox Sippy treatment. However, it became apparent to clinicians that there was constant danger of alkalosis and that, in addition, there was much room for improvement in the realm of peptic ulcer therapy. In an attempt to use drugs other than alkalis, Crohn of New York, in 1929, introduced aluminum hydroxide gel, and since that time this substance has gained increasing favor among the medical profession. The first use of kaolin dates back to the Chinese, who used it for diarrhea; its modern application dates back to Swalm, who combined it with alumina gel for peptic ulcer therapeutics.

Briefly defined, a peptic ulcer is the result of the continued action of the gastric juice on an area of lowered resistance in the mucous membrane of the stomach. The symptoms are primarily pain, relieved

by the taking of food; or that famous sequence: food—comfort—pain—food.

In order to understand properly why the aforementioned drugs have proven effective agents in peptic ulcer therapy, we must first acquaint ourselves with the theory of their actions. Firstly, considering alumina gel individually, it must be borne in mind that it is active only as a colloid. As such, it is one of the best adsorbents, especially of hydrochloric acid, although it has slight chemical neutralizing powers. The most outstanding advantages of alumina gel which distinguishes it from other antacids, is the fact that it does not produce a systemic alkalosis, and has definitely been proved to be non-toxic. Furthermore, by virtue of its colloid properties, amphoteric aluminum hydroxide is effective as a protective and a demulcent. This property is most welcome in the treatment of peptic ulcers, since the mechanical protection thereby offered to inflamed and ulcerated areas serves to alleviate pain and offers mental comfort to the patient. Lastly, bacteria, toxins, and gases are adsorbed by this colloid; the value of this is quite apparent.

The theory behind the action of Kalum is quite simple. Its chief action is as an adsorbent, and it is widely used in cases of food poisoning, dysentery, chronic ulcerative colitis, intestinal ferment, and other gastro-intestinal disturbances, since it is such an excellent absorber of bacteria, toxins and gases. At this point we can begin to understand the powerful therapeutic agent we have acquired by combining amphoteric aluminum hydroxide with kaolin. In a few words, we now have an antacid which is a powerful absorbent, affords a protective coating to the gastric mucosa, and at the same time protects the ulcer from corrosion, toxins and bacteria. This by no means implies that Kalum will be of value in every case of peptic ulcer treated, but rather that it remains as one of the more simple and useful adjuvants at our disposal today.

As clinicians, or practitioners, we must also concern ourselves with the practical uses of Kalum. By this is meant that we must take into consideration such factors as ease of administration, mode of administration, dietary control and psychological effects upon the patient.

*(Continued on page 36)*

A LETTER TO CAPTAIN ALFRED F.  
ROSENBLUM, M.C., A.U.S.

Dear Al,

I thought I would write and tell you about some interesting cases I have seen in the past few weeks. I have purposely left the actual diagnoses as blanks so that you may test your acuity. When you have finished reading the whole letter and have written your opinion as to the diagnoses in the blank spaces, you will find the answers on the last page of my letter (page 16).

1. On October 2nd, Lucy Jones walked into the office, and she stated that in the past six years she had been treated by many skin specialists in the city for a severe pruritus of the perianal skin. Many radical procedures had been done but to no avail. But that was not the reason for her visit to my office; she had a small swelling above the clavicle which she wanted me to remove because it interfered with her wearing evening gowns. With this much to go on, I made a diagnosis of .....

2. On the 3rd, Red Davis, who is extremely obese, came in complaining of pains in the legs, chilliness without any fever, and the only findings were of sparseness of the lateral portions of the eyebrows, so a diagnosis of ..... was made.

3. On the 4th, I was called to see a country cousin of a friend of ours, and the young man had a very high temperature, and complained only of an extremely severe pain in the back. It was his first day of illness and the only findings were the fever and some redness of the hands, so the first thing that came to my mind was .....

4. Annie James called me to her home on the 6th, stating, in gasping tones, that she had returned home from work as usual at six p.m., and that while washing her hands, she had a sudden abdominal pain as though she had been shot by a rifle. The findings were of a rigid abdomen with absent liver dulness, so an easy diagnosis was available, of .....

5. On the 7th, Jack Brown consulted me for a headache which, he stated, came on rather suddenly and was made worse by lying down. Adrenalin made the headache disappear at once, and histamine brought it on with the most severity, so it was obvious that this was the recently much discussed unilateral headache, noted in the literature put out by the Mayo Foundation as .....

6. On the 8th, Susy Campbell came in complaining of decreased function in her right arm associated with some pain, and the findings revealed a ptosis of the right upper eyelid, so I naturally assumed that she had .....

7. On the 9th, Ed Jackson came to me for treatment of a burn of the fingers of the left hand. He stated that he had been holding a cigarette in the hand and was talking to a friend and then he noticed that the cigarette had burned all the way to the end, and he had sustained the burn. He couldn't understand why he hadn't felt the ashes burning his fingers, but even the Freshmen know that he has. ....

8. Lastly, I saw Mrs. Knight, an old hypertensive, who came in wanting to know why she was bleeding from her gums, vagina, and rectum,—the diagnosis here being .....

This is all until I write you again and tell you about more of these interesting cases. Meanwhile, it would be swell if you would write and tell us about the odd cases you are seeing in your work with the armed forces.

Very truly yours,

David Goldfinger, M.D.

*I sit here and scribble on paper with pen  
And wonder about things—of mice—of men  
Of Kipling's "Colonel's lady and Judie O'Grady"  
And man's inherent ken.  
Of Hippocrates' "Pass your life and practice the Art."  
Which applies to Medicine in any part—  
Of "Science my wife, and Medicine my mistress"—  
(whose words are these?)  
Yet those who put nations in distress  
Have changed Medicine as they please!  
"Your corpuscles are different—likewise your bones—  
Your pain is different, in spite of your groans!"  
The action of morphine, or serum against ill,  
T.A.T. or a time tested pill  
Looses its potency and value so fine—  
Unless administered under a barbaric sign!  
But Truth is old and Medicine doth cherish  
Time alone will cause all else to perish.*

L.P.L.

## PARAVERTEBRAL BLOCK IN ANGINA PECTORIS

BERNARD LIEB

It has only been within the last decade and a half that the anginal patient has been able to look to the surgeon for aid, and this aid has, at best, been palliative and not curative. Although admittedly the work of Beck (1) and O'Shaughnessy (2) gives us the right to hope that curative treatment may sometime be possible and in general use, the surgical treatment of angina pectoris is at present limited to the interruption of afferent nervous pathways from the heart in order to eliminate the severe pain of the anginal syndrome. The newer and experimental curative methods involve increasing the blood supply to the heart by extracardiac anastomoses or by ligation of the coronary vein. Thyroidectomy has also been used to lessen the burden of the heart muscle. (3).

In reviewing the rather extensive literature one finds that the first recorded surgical attempt to alleviate cardiac pain was made in 1916 by Jonnescu of Bucharest. He extirpated the entire cervical sympathetic chain and the first thoracic sympathetic ganglion, and found that over fifty percent of his cases experienced some measure of pain alleviation. This was probably due to the fact that the inferior cervical ganglion, through which most of the sensory fibers from the heart pass, was removed. In 1923 Coffey and Brown reported a great amount of success with removal of the left superior cervical ganglion. White's modification of the technique in 1933 included the extirpation of the stellate and upper five thoracic ganglion, while Davis, in the same year, propounded the section of the dorsal roots of the upper six thoracic spinal nerves after partial laminectomy. In 1938 Danielopolu vainly attempted the complete interruption of all cardiac afferent pathways by removing the superior and middle cervical ganglia and their cardiac branches, also severing the rami extending from the stellate ganglia to the cervical and first thoracic spinal nerves, the vertebral nerve, and the vagal cardiac nerve. His method of approach was also reflected in the unverified work of Raney (1938) who reported success after sectioning the cardiac nerves and the sympathetic chain below the fifth ganglion.

One finds, however, as a constantly recurring note in the literature, the realization that many of the above procedures are too severe for anginal patients. The low percentage of successes may perhaps be attributed to the fact that, in general, they are poor surgical risks.

Thus as is easily understood, the search for a less rigorous method led to the development of paravertebral block therapy. The latter was the logical outgrowth of para-vertebral anaesthesia used operatively and, in Germany especially, for the differential diagnosis of various abdominal conditions by abolishing pain in segmental areas in order to determine the source. In 1924, Felix Mandl proposed the paravertebral infiltration of procaine around the upper thoracic sympathetic ganglia for the relief of intractable cardiac pain, but Swetlow (1926) must be credited with the substitution of alcohol for procaine.

Until recently the mystery surrounding the mediation of cardiac pain was exceeded only by that surrounding its synthesis and essential nature. From the experimental work reported by Katz it now appears that the stimulus for anginal pain is a metabolic product or products whose amount depends upon the amount and character of the cardiac work performed, on the one hand, and the supply of oxygen by the circulation, on the other hand. When the concentration of this substance reaches a value above that of the threshold of the pain end-organs, pain results. The chemistry involved is not fully understood, as yet, but this substance appears to be akin to lactic or phosphoric acid in nature, and is formed during the catabolic activity of the myocardium. The variation in pain response to experimental stimuli under similar conditions may possibly be explained as an inconstancy of the state of pain receptors, pain pathways, and a fluctuation of the sensorium, or at least that part of it which is specialized for the perception of pain sensation.

It was formerly thought that anginal pain was produced mechanically by irritation of the nerve endings in the walls of the coronary arteries and the aorta, in the former due to spasm, and in the latter due to the stretching of luetic aortitis, or by the extension of arteriosclerotic processes to the adventitia of either one.

The importance of the anatomical structure of nervous pathways, which mediate the transmission of cardiac pain, was apparent to early adherents of cervico-sympathectomy. They experienced great difficulty in finding a location at which a majority of mediating fibers might be interrupted, and which was, at the



same time, easily accessible with a minimum of operative risk.

The most important routes of cardiac afferent fibers are the upper, middle, and lower cardiac nerves to the cervical sympathetic trunk, fibers to the stellate ganglion, and to the dorsal sympathetic chain. Since there are no white rami communicantes in the cervical region, all pain fibers which enter the sympathetic trunk at cervical levels must descend in the latter to the upper thoracic region before passing out through the white rami, the posterior spinal roots, and entering the posterior horn of the spinal cord.

The relative complexity of the nervous pathways distal to the white rami makes the latter point the ideal location for interruption of transmission of cardiac pain. It is this point which is reached with comparative ease by paravertebral alcohol block. This method also obviates the chief error of cervico-sympathectomy and stellate ganglionectomy from an anatomical viewpoint. The latter do not sever the important group of post-ganglionic fibers which leave the posterior cardiac plexus, run across the posterior mediastinum, and enter the upper thoracic sympathetic trunk, chiefly at the 2nd, 3rd, and 4th ganglionic levels.

It has recently been shown, in addition, that some afferent cardiac fibers descend as low as the eighth or ninth thoracic segmental levels before entering the cord. This may account for the radiation of cardiac pain to the shoulder, arm, chest, and upper abdomen. Similarly Miller has hypothesized that anginal pain of facial distribution is mediated by afferent vagal fibers which join the superior cervical ganglion and then join the trigeminal nerve. However, it is possible that sympathetic efferent effects may reflexly cause pain through effect on skin muscle or bloodvessels in the facial area. One notes in this connection that in accordance with Head's theory, pain due to cardiac cause, like other types of visceral disease, is referred to cutaneous segmental areas. Thus pain of cardiac origin is referred to chest wall and inner aspect of the left arm—which corresponds to distribution of the first five thoracic nerves.

Indeed one finds these facts made use of in the more refined techniques of Swetlow and White. The latter, when confronted by typical types of pain distribution, performs a preliminary injection of procaine at the site selected for alcohol block, then exercises the patient to a point which previously would have induced an anginal attack. If pain is perceived and is of low distribution, injection below the fifth, sixth or lower ribs is indicated. Swetlow describes a tech-

nique in which certain protopathic and epicritic sensory tests are made to determine which dorsal root ganglia are being bombarded with pain stimuli. It seems that when the dermatome which is supplied by an irritable dorsal root ganglion is scratched by a pin, or irritated by heat, there will be a greater sensory reaction than in an area supplied by a normal dorsal root ganglion. Postoperatively, Swetlow uses diminished response to pinprick, thermal stimulation below 20°C., above 45°C., and between these two levels, brushed cotton wool, and cutaneous localization, as objective criteria of successful operation.

Reviewing the results of various investigators, one is forced to conclude that the operator's success is chiefly dependent on a clear visualization of the position of the operative site, and continually repeated attempts to reach it with a minimum of manipulation in cadaver material, in addition to adequate preparation of the patient.

There is considerable psychic strain in these patients. Barbiturate sedation is begun the evening before the operation is to be performed, and gradually increased so that the patient will arrive in the operating room in a drowsy state on the following day. Atropine sulphate (gr. 1/100) is administered to guard against abnormal and harmful vagal reflexes. Morphine sulphate (gr. 1/6 to 1/4) should be administered at the time of operation.

The patient lies on his bed in the operating room, with his back on the edge of the bed near the operator, who sits on a low stool. Head and legs are flexed. Spine must show no lateral curvature; this is guarded against by having the patient rest his head on a pillow. The patient must not lie on his arm.

An aseptic field is prepared over the thoracic and cervical portions of the vertebral column. Acriflavine is applied by means of a cotton applicator, marking off the points of injection in black. Procaine is thereupon injected intradermally four centimeters lateral to the seventh cervical and upper three thoracic spinous processes. At each point of injection previously determined by sensory tests already discussed, there is inserted a ten centimeter injection needle with the shaft marked off in centimeters. These points are in a line four centimeters to the left or right of the spinous processes of the vertebrae. The needles are singly pushed inward until the point is felt to impinge upon the transverse process of the adjacent vertebra. The shank of the needle is then rotated outward, and the tip is worked inward for an additional three centimeters until it finally lies in contact with the side of the vertebra in close approximation with the gang-



lionated sympathetic chain. The needle should be pressed inward as deeply as possible while still remaining in contact with the bone. In this way more alcohol will be able to surround the gray (visceral) rami which go from the heart to the sympathetic trunk and less will contact the intercostal nerves. There will also thus be considerable free diffusion in the retropleural space, allowing contact of the alcohol with the cardiac nerves which run in the posterior mediastinum. It will be remembered that the sympathetic ganglia and rami lie in the loose areolar tissue over the transverse processes of the vertebrae, between the pleura and the vertebral bodies and are separated from the intercostal nerves only by the internal intercostal muscles and membranes.

One must use extreme care in performing the foregoing maneuvers. One must avoid piercing the pleura. Spontaneous pneumothorax or a paroxysm of reflex coughing may result. If a blood vessel should be pierced, aspiration will yield a bloody fluid in the barrel of the syringe. This danger is present especially in injecting the first and second thoracic ganglia which lie parallel with the intercostal branches of the costocervical artery. A possible complication is puncture of the subarachnoid space. This will usually be apparent by aspiration of bloody spinal fluid.

When the needles have been correctly inserted, 2 c.c. of two percent procaine solution are injected into each needle. The resultant area of anaesthesia should include the axilla, anterior and posterior intercostal areas. The arm, hand, side of neck, and face become hot and dry. A Horner's syndrome may be seen but the miotic sign will not be of value as we have administered morphine.

Unless this minimum amount of procaine produces the above results, there will not be a clean cut block of pain with the use of 5 c.c. of alcohol, and it would be best to make another attempt to insert the needles.

If the above signs are present, and in the absence of ulnar nerve anaesthesia or subarachnoid block, an additional 3 c.c. of one percent procaine are injected through each needle, so that subsequent alcohol injection will be painless. Finally 5 c.c. of ninety-five percent alcohol are slowly injected into each needle, aspirating at each one-half c.c. mark to check whether a blood vessel or the subarachnoid space has been entered. A few drops of lipiodol are then run through each needle. Thereupon lateral and anteroposterior spinal radiographs will enable us to visualize the position of each needle. (4)

Post-operatively the patient is requested to lie quietly in the operative position for several hours. He

is then permitted to move about and may leave the hospital within seventy-two hours. These patients in general must be instructed to limit their activities, in the absence of pain and should continue the use of nitrites.

Post-operative observation of patients upon whom paravertebral block has been performed, reveals the presence of anaesthesia from the midline posteriorly to the sternum anteriorly, from the fifth intercostal space inferiorly to the region, superiorly, where the descending branches of the cervical plexus overlap the three upper ribs. If the first and second thoracic levels have been blocked, there should also be good anaesthesia of the axilla extending for a few centimeters distally along the arm. The palpebral fissure will be narrowed, and the pupil contracted on the side injected. It is to be noted that this anaesthesia is merely transient due to the inflammation produced by the chemical irritant, alcohol. The delicate white rami are made completely necrotic and never regenerate. However, the intercostal nerves are heavily sheathed and are not completely destroyed. During the process of recovery there are signs of hyperesthesia in the previously anaesthetic area and finally return to normal sensation.

The complications of paravertebral alcohol block may be classified as *early* or *late*. In the former category one may list pleuritis, pneumonia, pneumothorax, caused by the piercing of the pleura by the injection needle, as well as a variety of neurological symptoms produced by intrathecal injection of alcohol or procaine. Thus Molitch and Wilson report the unintentional insertion of a needle into the spinal canal through the intervertebral foramen. The right side of the spinal cord itself was pierced. The lesion created involved the crossed pyramidal tract and the spinothalamic pathway—giving an incomplete Brown-Sequard syndrome which disappeared after the passage of a few years. There was no injection of alcohol here since the operators noticed a drop of fluid escaping from the needle, and its nature was determined to be spinal. One must also note that coronary insufficiency followed by infarction of the myocardium, may be an early and frequent complication.

As a late complication in over 10 percent of cases treated by alcohol block, one must list intercostal neuritis produced by the injected alcohol.

An important factor in the measure of success which an operator will obtain with the method which has been discussed above, is the choice of a patient for operation. One should select cases of severe and intractable pain in which a full course of medical treat-

ment has failed to make life more tolerable. However, coronary infarction or threatened cardiac failure should not be regarded as contra-indications for operation. Among those cases in the literature which are described as successfully treated by this method, etiologic factors have varied, including arteriosclerotic, hypertensive, luetic, and rheumatic heart disease. More accurate technique is possible in thin chested asthenic individuals in whom the spinous and transverse processes are prominent.

White believes, however, that patients who are good surgical risks, who have milder symptoms, should be left to the field of thoraco-cervical sympathectomy. Resection of the inferior cervical, first, second, and third thoracic ganglia through an anterior supra-clavicular incision with division of the scalenus anticus muscle, is the recommended procedure in such cases. Success here will not be attended with the mild neuritic symptoms which would be well borne by the previously severe anginal patient but would be a source of constant complaint and reproach by a milder case.

Paravertebral alcohol block is contraindicated in the presence of active sepsis, since the area of necrosis set up by the injected alcohol might form a focus for the spread of mediastinitis. It is also contraindicated in advanced cardiac decompensation.

The success with which this type of treatment for anginal pain is attended undoubtedly reflects the care with which cases were chosen. However, Perlow's collection of 125 cases reported by Levy, Marvin, and White, reveals that complete or partial relief was afforded in 85% of cases operated. Perlow himself attained success in 73% of his cases. Relief when obtained by paravertebral block is rather long lasting. Catell and Hurxthal (1929) were able to cause remission of pain for a year, while White (1940) reports remission of over 2 years in 14 cases, and more than 5 years in 3 cases. This might seem surprising since alcohol block in trigeminal neuralgia rarely gives relief for more than six months. However, the cardiac sympathetic rami are very thin and are protected by little or no myelin and so are easily penetrated by alcohol. In those cases in which remission was short, repeated alcohol block appeared to be of less value due to the conversion of loose retropleural areolar tissue into scar tissue.

It has been stated by various authors that perhaps the removal of anginal pain may be more of a curse than a blessing to the patient. It has always been regarded as the "warning signal" of imminent cardiac damage due to coronary insufficiency, which the patient answered, of necessity, by resting. One might

be well inclined to think that a patient without anginal pain to warn him, would have less chance to live out his lifespan than another and painridden patient. White claims, however, that the warning signal remains as a set of well-defined symptoms: dyspnea, palpitation, a clutching feeling in the suprasternal notch, and a flushing of the skin. His patients always seemed to know when an attack was imminent, and nitrite medication was still the rule, after operation. In addition to relieving the psychic strain which any individual submitted to intermittent periods of excruciating pain would certainly feel, it is possible that destruction of the predominantly vasoconstrictor efferent fibers along with the afferent fibers, may occur and ultimately lead to some degree of coronary dilatation, in reality direct treatment for cardiac ischemia. Investigation along these lines is still in progress.

(1) Beck forms an anastomosis between myocardium and a pedicle graft of pectoralis muscle which has been turned inward through a pericardial incision.

(2) O'Shaughnessy forms an anastomosis between myocardium and omentum which has been brought into the thorax through a diaphragmatic incision.

(3) Total thyroidectomy was introduced by Blumgart, Levine, and Berlin in 1933. It has since lost popularity since in some cases myxedema has entered as a postoperative complication entailing medical treatment with thyroid extract in doses delicately adjusted so as not to produce anginal attacks.

(4) This is the method of White. Cf. Bibl.

## BIBLIOGRAPHY

- I. GENERAL
  1. DAVIES, D. T., MANSELL, H. E., AND O'SHAUGHNESSY, L., Surgical Treatment of Angina Pectoris and Allied Conditions, LANCET, 1:1, 1938.
  2. OCHSNER, A. and DE BAKFY, M., The Surgical Treatment of Coronary Disease, SURGERY, 2:428, 1937.
  3. MILLER, H. R., ANGINA PECTORIS: NERVE PATHWAYS, PHYSIOLOGY, SYMPTOMATOLOGY, AND TREATMENT, Williams and Wilkins, Baltimore, 1942.
  4. O'SHAUGHNESSY, L., Surgical Treatment of Cardiac Ischemia, LANCET, 1:185, 1934.
- II. SPECIALIZED
  5. CATELL, and HURXTHAL, Paravertebral Alcohol Injection for Angina Pectoris, J.A.M.A., 92:1519, 1929.
  6. KATZ, L. M., Mechanism of Pain Production in Angina Pectoris, AM. HEART JOUR., 10:322, 1935.
  7. LEVY, R. L. and MOORE, R. L., Paravertebral Injections of Alcohol for the Relief of Cardiac Pain. A Review of Experiences to Date and a Report of Nine Cases, ARCH. INT. MED., 48:146, 1931.
  8. MOLITCH, M. and WILSON, G., Brown-Sequard Paralysis Following a Paravertebral Alcohol Injection for Angina Pectoris, J. AM. M.A., 97:247, 1931.
  9. PERLOW, S., Paravertebral Alcohol Injection for Relief of Cardiac Pain, ILLINOIS M. J., 81:35-41, 1942.
  10. SWETLOW, G. I., Paravertebral Block in Cardiac Pain, AM. HEART J., 1:393, 1926.
  11. WHITE, J. C., Angina Pectoris, Treatment by Paravertebral Alcohol Injection or Operation Based on the Newer Concepts of Cardiac Innervation, AM.J.SURG., 9:98-109, 1930 0.5.
  12. WHITE, J. J., Technique of Paravertebral Alcohol Injections, Methods and Safeguards in Its Use in the Treatment of Angina Pectoris, SURG., GYNEC., AND OBST., 71: 334-43, 1940.
  13. WHITE, P. D., and WHITE, J. C., Angina Pectoris; Treatment with Paravertebral Alcohol Injection, J.A.M.M.A., 90:1099, 1928.

## A LITTLE OLD LADY

MAX D. SHAPIRO

I'm a rather quiet fellow . . . one who likes to mind his own business. But have you ever noticed how fellows like me get involved in some of the damndest things? I've noticed it, of course. I'm one of those fellows, as I've just told you.

And right here and now I want to tell you one of these little incidents that happened to me, through no fault of my own. It may sound funny to you, but it rocked me to the roots of my diagnostic ability.

My wife and I (Wife?? you say—sure even medical students get married!) live in one of those "folding" apartments—you know, the kind that can be easily converted into any type of room desired with a mere flick of every muscle in your body. It's a very lovely place and we like it very much, whenever we see it. Not being home very much, we know but few of our neighbors, which when we are home, is a blessing—especially in these days of rationed sugar.

Right next door to us lived a nice, quiet old lady of about 65—lived all by herself too. We knew nothing about her—and presumed her to be in the same state of ignorance about us—but the future showed that she, at least, knew that I was a medical student.

Having given you this little introduction to my tale, I think I can go right ahead and tell you what happened to me. But wait! I must introduce one other character to you—my landlady! She is no ordinary landlady. She is young and rather personable. Her only fault is an insatiable desire to have the rent paid on time. She and I had many discussions together—and I paid!

But let me leave my landlady and get back to my little old lady, my first patient, as I delight in calling her.

It all happened on one of those rare occasions when I happened to be home in the afternoon. I was really minding my own business, which at the moment consisted of preparing something to eat. Suddenly, with an uneasy feeling, I heard a scratch on the door. There are no mice in the building (that I know of) and I wasn't expecting anyone; yet there it was repeated, a scratching on my door! So, being a mild-mannered sort of chap I gently flung the door open and gaped at what I saw! There before my door, dressed in a hostess coat, stretched out in the hall-

way, lay my 65-year old little neighbor. One hand clutched her heart, and her other hand clutched me.

"Why," I said, "imagine meeting you here, Mrs. S—!"

Then it suddenly struck me that this was not a neighborly call. There was evidently something wrong here. Having reached this momentous and startling conclusion, I was at once all concern and inquired of her as to what the trouble was.

"My heart!" she gasped, clutching both me and her heart still tighter. And then it suddenly struck me! My God! This woman was having a heart attack! She might die any minute unless something were done for her!

Luckily one of my other neighbors happened by at just this moment and, between the two of us, we got her back into her own apartment and into her bed. This much done, I tried to comfort and quiet her as best I could. I elicited the information from her, by ingenious direct questioning, that she had called her regular physician but he would be unable to come for some time, as he was busy.

Following this, I went through the most harrowing and exciting hours that one can possibly imagine. Undoubtedly this woman had a heart attack. Unconsciously my mind raced back to my Physical Diagnosis book. Quickly my sulci and gyri flipped those pages to the Cardiac section. Ah yes—I had it! And as I mentally read those pages over I observed my little old lady.

"Dyspnea," the pages said. "Air! Give me air!" shouted my patient, "Don't let me die! Give me air! Open the windows, please!"

"Precordial pain" complacently related the print, as my "patient" kept clutching the left side of her chest and complaining of severe pain.

On the bottom of the page my mind suddenly spotted another featured point—"Orthopnea", as the little old lady grabbed my hand and with a violent exertion sat up in bed, in order to breathe.

An open-and-shut case. The woman had a heart attack. Immediately I got in touch with my landlady. It was about the 20th of the month and all was well. I explained the situation to her and expounded on the emergency of the situation and asked her to call a physician. She agreed to try, and finally she con-

tacted one who said he'd be over as soon as possible. I fervently hoped it would be soon enough.

Meanwhile my patient seemed in the throes of hysteria. Fear that she was dying had fixed a horrible look in her face as she wept and pleaded for air and for help in keeping herself alive.

Suddenly, as I got close enough to her, she clutched my arm and with strength born of a great fear she begged that I, as a "doctor", give her something so she wouldn't die. I told her I couldn't and wouldn't; but she would have none of that. In desperation, I agreed to give her something.

Actually all I hoped to do was to quiet her apparent hysteria, and for that I called upon my meager knowledge of psychology. So I invaded her kitchen, sought for and found the items I needed, and then prepared my "medication." Into one quarter of a glass water, I put some grains of sugar. Into a second glass, one quarter full of water, I put some salt.

She drank the medicine I had prepared for her and, as if by magic, all her symptoms were gone, and she rested easy. Gone were the precordial pains, the dyspnea, and the orthopnea. Gone were my fears, and inflated was my ego.

Fifteen minutes later, the doctor not having arrived yet, she suddenly started developing the same symptoms, only with greater severity!

My ego was deflated. My fears returned. Now what? My wife who had come home in the interim, stood at the foot of the bed and looked at me with inquiring eyes, which was very bad since my eyes, too, were inquiring, there being no one present with the answer. And then in the midst of the orthopnea and dyspnea the doctor arrived! Thankfully, I shifted the load of responsibility onto him, as I stepped aside.

The examination over, the prescription written, I stepped outside with the doctor and inquired as to his diagnosis. His answer snapped shut my Physical Diagnosis book and jolted me considerably.

"My boy," he said, with a gleam in his eye, "that woman is drunk—plastered!"

Need I go any further?

\* \* \*

#### ANSWERS

1. Hodgkin's disease
2. Hypothyroidism
3. Small pox
4. Perforated peptic ulcer
5. Hemicranial cephalgia
6. Pancost superior sulcus tumor
7. Syringomyelia, or leprosy.
8. Uremia

#### "LIFE IS A WONDERFUL THING"

Poor Faust! Goethe really let the poor blighter down. J. Faust Esq., if you recall, sought the meaning of Life—and never really found it. He knocked himself out in two parts and about six acts and finally wound up going to heaven on a mule. If Goethe is listening, I'm only kidding. But really, it's his fault, you know. After all, if you want a job done or if you want some information you go to an expert—a specialist. You know what a specialist is, don't you? Well, he's the lad that wasn't very bright and couldn't learn, as much as the other kids in school, so teacher told him to learn *one* thing at a time. He finally did learn *one* thing, and has refused to let go of it ever since. But enough of this fiddle-faddle. The truth of the matter is that if you want a suit of clothes, you go to a tailor; if you want a tooth pulled, you go to a dentist; if you want your tires retreaded, you go to your Ration board. And so Goethe should have sent Faust to those who know most about Life.

I too wanted to learn the meaning of Life, and I consulted a good friend of mine, one Etaion Shrdlu by name. With very becoming modesty he disclaimed all knowledge of Life. His specialty, he said was polishing rice which is later smuggled into Japan. "Avitaminosis," he said. "Get it?" I didn't get it, but I nodded politely. He then told me to ask a physician about Life. "They really know," he said.

"But they're all in the army," I said, "and that would make it a military secret." "Well, how about internes?" my friend suggested.

"But," I protested, "they're all at their tailor's being fitted for their army uniforms." Finally, in despair, and with obvious reluctance, my friend suggested that I interview medical students.

So I went to a medical school and stopped some questionable looking individuals, all of whom insisted that they were medical students. They appeared rather haggard, but they explained that by stating that they had just completed a Comprehensive. Upon further inquiry, I learned that a Comprehensive is a final examination to end all final examinations.

The first character I spoke to looked blank for a moment and then chirped, "Why, that's easy. Life is a picture magazine."

With this encouragement, I was about to go home, when I encountered a rather studious looking individual who seemed anxious to leave—to get back to his books, no doubt.

(Continued on page 36)



## BABY TALK

J. S. KRUGLICK, M.D.

I was leaning over the baby's crib making my first examination. They, mother and daughter, had just returned from the hospital a few days previously. The nurse was standing in the doorway between the mother's and baby's room to sort of relay a running account of the doings. I had just completed the heart checkup and was folding my stethoscope (or telephone as all the children call it) when suddenly Karen, AGE 2 WEEKS, said, "Well, doc, how am I?"

I dropped my stethoscope! A weakness pervaded my entire body! a dizziness beginning in my head rapidly descended to my knees; all the blood in my body from my head downward and my feet upward was rushing toward a collision at my stomach. I grasped the crib for support, "Did you . . . did you . . . did you hear that?" I began, gibbering like an idiot at the nurse.

"Hear what?" she began. "Don't you feel well, doctor?"

"Well, doc, I asked how I am?" repeated Karen.

I eyed the nurse suspiciously after seating myself heavily in a nearby chair. "Miss Smith," I began—imagine a name like Smith at a time like that—"Miss Smith," I repeated gaining composure, not to mention dignity but with a note of relieved amusement, "you startled me. I'd have sworn it was the baby."

She looked at me strangely and stammered, "What . . . were you speaking to me . . . I . . . I . . . don't understand."

"Come now, Miss Smith," I began, "a joke's a joke and I'll confess you had me fooled but you're carrying it too far. I'll bet you're the life of the party." I was becoming indignant and it was quite noticeable.

There was a tear in her eye and she repeated, "I . . . I . . . just don't understand."

She sounded so sincere that I almost believed her but it just couldn't be. Babies of two weeks don't talk. They just don't. Well, perhaps, it was my imagination . . . the result of much wishful thinking. How often I had wanted to talk with these infants and get their slant on our way of handling them. "Oh, forget it," I said addressing no one in particular. Then turning to the nurse, I asked for a glass of water.

As she left the room, I peered into the crib. I was electrified as Karen said, "It's me all right, doc. Boy, do you look surprised!" Surprised! I was frantic!

I looked at Karen, ran to the doorway and looked at her mother. She appeared to be dozing. Besides, she was much too far away to throw her voice. I opened the door of the baby's room to make sure the nurse was not hiding behind it. I could see her in the kitchen. Suddenly it dawned on me. I was relieved. Of course—a dictaphone setup. I began by examining the baby's crib for some apparatus but found none; then I looked under the bed. I was on my hands and knees peering under the bed when the nurse returned.

"Oh!" she began as I quickly arose smoothing myself. I could feel a deep flush covering my face.

"Oh," I replied, "thanks for the water . . . I just dropped my stethoscope."

"Oh!" she continued, "here it is on the dresser."

"Oh, nuts," I concluded very unprofessionally and with a feeling of utter futility.

She looked frightened as she went into the mother's room closing the door behind her. Either she was making a fool of me or else she thought I was crazy. In any case, our relationship was rapidly becoming strained. I smiled wisely and returned to the baby's crib. I leaned far over the side and whispered, "Hello, Karen, how are you?"

"You tell me," she whispered mockingly, "didn't you just examine me?"

Slowly I was being convinced that it was no hoax, that I was not crazy, that Karen was actually speaking to me. Suddenly, I wanted to laugh or cry or shout or do handsprings. Just wait until I reported this at the medical meeting. It would create a furor. I'd be the talk of the medical world. Again I was dejected—who would believe me! Once more I was happy. I'd give them a demonstration. No, no, again I was sad. I'd be hooted out of the place. I could sympathize with all the martyrs of this unbelieving world.

"Doc," Karen began, "I'm glad we're alone. I'd like to talk to you."

"Yes?" I queried, hesitatingly, suspiciously.

"First of all, it's really me speaking. All babies talk and just the other day in the nursery, we kids were discussing it. We can't understand why you grownups don't answer us.

"Yes," I said.

*(Continued on page 37)*



## ON MODERN MUSIC

MARVIN ZIPORYN

Maurice Ravel, in an interview granted to David Ewen, once said, "I am not a 'modern composer' in the strictest sense of the term, because my music, far from being 'revolution' is rather 'evolution.' Although I have always been open-minded to new ideas in music, I have never attempted to overthrow the accepted rules of harmony and composition. On the contrary, I have always drawn heavily from the masters for my inspiration, and my music, for the most part, is built upon the traditions of the past and is an outgrowth of it. I have always felt that a composer should put on paper what he feels and how he feels it—irrespective of what the current style of composing may be. Great music, I have always felt, must always come from the heart. Any music created by technic and brains alone is not worth the paper it is written on!"

This has always been my great argument against the so-called modern music of the younger rebel composers. Their music has been a product of their minds and not of their hearts. They went at their composing in a mechanical fashion. They created elaborate theories, and then composed music to satisfy these theories. Their music was strictly mathematical, an expression of the Machine Age. I have always looked upon the work of these men as an intellectual pose, an affected gesture. And great music is not, never was, and never will be, the result of a pose.

Music can never be reduced to a logical syllogism or a mathematical formula. If this is done, music loses its chief function, the expression of human emotions. Music must always be emotional first and intellectual second.

There is no doubt that the modern composition is interesting. Sometimes it is even fascinating. There is no doubt that it contains power and a considerable amount of originality. But the music has no heart nor feeling. We react to it intellectually, not emotionally. And this marks it as an artistic failure.

Besides being 'cerebral,' modern music is, for the most part, very ugly music. Music must, in spite of everything, be beautiful. I cannot understand the arguments of men like Honegger, who says that the music of our time must be ugly, because we live in an ugly age. What is left to music if it is denuded of beauty? What mission has it, then, as art? None.

Theories are all very fine, and perhaps a sociologist could justify Honegger, but a musician should not compose according to sociology. He should create musical beauty directly from his heart, and he should feel intensely what he is composing.

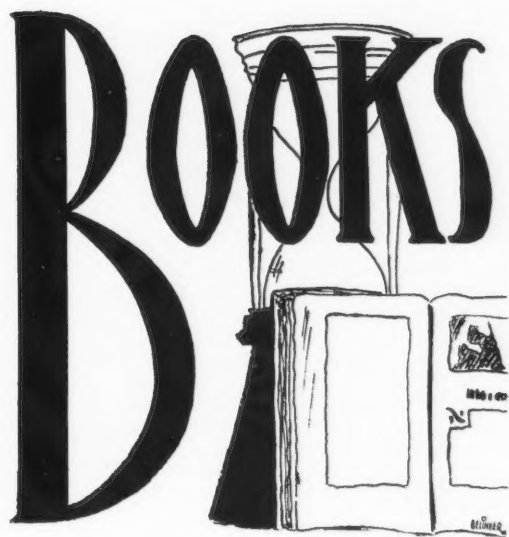
Twenty years ago modern music was universally accepted as the music of the future. Today, the pendulum seems to be retracing its arc. Stravinsky has returned to the forms and the style of Handel; the opera, under Weinberger, Krenek, and Wellesz, is beginning to follow the old traditions. The modern Russian school, led by Shostakovich and Miakowsky, has set off in a direction of its own, a direction so rich, so vital, and so pregnant with possibilities for the future of music, that I should like to discuss it in a separate article at another time. Everywhere young composers are discarding experiments and theories and are beginning once more to compose frankly emotional music. The reason for this decline of modern music is readily apparent. The day of rebellion has passed for the simple reason that the revolution has been the ruin of itself. Music has simply become too intellectual, too ugly, and too far-fetched. By attaining the very acme of lawlessness, modern music has exhausted itself. It is difficult to conceive of atonality exceeding Arnold Schoenberg and Pierrot Lunaire; in Paris, Delamoiy has reached the very summit of modernistic opera, far beyond Alban Berg. Music has shot up to the top of a high pinnacle. To progress, it must retrace its steps.

Just as Krenek and Hindemith were the reaction against the German romanticists of the late nineteenth century, and just as Schoenberg was the reaction against the pompousness and the chromaticism of Richard Wagner, so the younger composers, and a good many of the older composers like Prokofieff, are now turning sharply away from the revolt. The music of this decade is, for the most part, emphatically a reaction against the ugly cerebralism of the past thirty or forty years.

Great music has always been a sensitive balance between the emotion and the intellect. Too much emotion and too little intellect lead to mawkish music which is revolting. On the other hand, too much intellect and too little emotion lead to the ugliness

*(Continued on page 39)*

# BOOKS



WILLIAM HENRY WELCH and the HEROIC AGE OF AMERICAN MEDICINE—by Simon Flexner and James Thomas Flexner, The Viking Press, New York, 1941.

The biography of no other man could have shed more light on the development of American medicine than this account of the life of William Henry Welch. This central figure seemed predestined to play a major role in a field, not of his own choosing but rather thrust upon him by circumstances arising out of scholastic opportunity and family tradition. At Yale he distinguished himself as a scholar, was elected to Skull and Bones and, on graduation ranked second in his class in Greek. As it happened, second was not good enough for fulfillment of his major ambition. He had aspired to a teaching job in Greek at Yale but, quite appropriately, a Mr. Learned took first place and was offered the only opening in the classics. Somewhat disconsolately, it would appear, Welch resigned himself for a year to teaching in a preparatory school in New York State but, when the school closed, he returned home as an apprentice to his father, William Wickham Welch, who was a physician as had been many of his direct forebears. The idea of wanting to teach Greek seemed ridiculous to a practical man like his father.

Eventually he decided to try medicine and returned to New Haven but soon continued to New York where he enrolled at the College of Physicians and Surgeons. Ironically, at this point, he was offered a

post in Greek at Yale; however, he was too far advanced and too satisfied with his new pursuits to turn back. Passing his entrance examinations for internship at Bellevue, he made the acquaintance of Delafield and Janeway who were in charge of the Dead House.

In 1876 he was persuaded to visit Europe. Stopping first at Strasbourg, recently acquired from the French, he was greatly impressed with the high standards. The Germans had sent some of their best men here including Waldeyer, Hoppe-Seyler and von Recklinghausen, the last-named a student of Virchow and considered the best teacher of Pathology in Germany. Then, in Leipzig in the heart of Saxony, Welch was struck by the "self conceit and contempt for the rest of the world" which was characteristic of Germany proper after the defeat of France. The university more than made up for all other shortcomings. One of the oldest and largest in Germany, it possessed a fine scholarly atmosphere where precipitate haste was absent. Welch studied under Ludwig.

Unexpectedly a very important visitor came to see Welch in Leipzig. Dr. John Shaw Billings, librarian for the Surgeon General's Library in Washington, was visiting European laboratories to get ideas for the proposed new John Hopkins Hospital and Medical School. Welch was interviewed with a view to assisting in the project. From Leipzig, Welch went to see Cohnheim at Breslau and, before he returned, he had contacted men like Koch, Weigert, Ehrlich and Klebs. Returning to America he was impressed with the superficial politeness of the German student, the lack of tact of their women, and the general excellence of their schools. The high quality of medical education was, he believed, due to a thorough premedical training, equivalent to a college degree at Yale or Harvard at that time, and ample government endowment to make the schools independent of student fees. That this feeling was new to Welch and unrecognized in America is rather well illustrated by his father's advice that, if he fell ill, "to consult no foreign doctors but call in Dennis, who had the advantage of American training". Dennis was a friend of long standing and was himself advancing rapidly.

In New York the struggle for a place in the sun was resumed. Welch tried to make arrangements for a course in microscopy with Delafield at Physicians and Surgeons but finally took it over to Bellevue where his first class consisted of six students. It was highly successful and Welch was called back to P. & S. His proficiency in laboratory instruction grew steadily and,

*(Continued on page 32)*

# MEN IN SERVICE

We present herewith a cumulative list of the members of our alumni and faculty who are now in service with the Armed Forces.

## ALUMNI

- |                                    |                                |
|------------------------------------|--------------------------------|
| Lt. Stanley B. Abelson, '36        | Lt. George E. Fisher, '38      |
| Lt. Joseph J. Alesi, '37           | Lt. Kenneth L. Fisk, '32       |
| Lt. Norman S. Angel, '37           | Lt. Morris J. Fox, '39         |
| Lt. Gene Jerome Arenson, '40       | Lt. Irving Frank, '38          |
| Lt. Jacob C. Augenlicht, '30       | Lt. Adio A. Freedman, '40      |
| Lt. Ben H. Barbour, '40            | Lt. Bernard S. Freedman, '38   |
| Lt. Harry J. Barnett, '40          | Lt. Samuel L. Fried, '33       |
| Lt. Isaac E. Bartlett, '39         | Lt. Joseph Geller, '41         |
| Lt. Felix R. Baylin, '32           | Lt. Anthony J. Giacobbe, '32   |
| Lt. Sidney Bazell, '32             | Lt. Lee Gladstone, '40         |
| Lt. Norman S. Beebe, '34           | Lt. Lewis G. Glueckauf, '34    |
| Lt. Alex Martin Berman, '36        | Lt. Carl Norval Graf, '39      |
| Lt. Walter E. Block, '29           | Lt. A. L. Grizzaffi, '38       |
| Lt. Irving H. Blumenfeld, '39      | Lt. Frank F. Gross, '33        |
| Lt. Wilbur Frank Boike, '39        | Lt. John A. Guerrieri, '34     |
| Lt. Thomas John Bonick, '39        | Lt. Philip V. Hall, '35        |
| Lt. Max Philip Boykoff, '37        | Lt. Gerald A. Hancur, '35      |
| Lt. Isidore Brill, '36             | Lt. Lewis A. Hare, '36         |
| Lt. Glenn A. Burckart, '30         | Lt. Leon M. Hart, '39          |
| Lt. Oscar J. Burroughs, '39        | Col. Carl B. Herman, '17       |
| Lt. Saul Burten, '37               | Lt. Seymour Hershman, '41      |
| Lt. Aaron S. Cahan, '39            | Lt. Herman Hamilton Hill, '38  |
| Lt. James Alexander Calams, '39    | Lt. Jo Rogers Hodd, '36        |
| Lt. Antonio Giorgi Cesare, '37     | Lt. Jacques I. Hootnick, '33   |
| Lt. M. Chardkoff, '31              | Lt. Herman J. Horvitz, '38     |
| Lt. Thaddeus J. Chrzan, '41        | Lt. I. Daniel Hosman, '33      |
| Lt. Joseph Anthony Ciavarella, '40 | Lt. Charles L. Hurwitz, '37    |
| Lt. Fausto Cimulini, '37           | Lt. Hilbert A. Jabczynski, '33 |
| Lt. Bernard L. Cohen, '36          | Lt. Casimir L. Jakubowski, '35 |
| Lt. Avron E. Comarr, '40           | Lt. Norman W. Jonas, '39       |
| Lt. Bernard L. Coniglio, '36       | Lt. Ladislaus J. Jurek, '34    |
| Lt. George Cook, '37               | Lt. Lawrence B. Kalom, '40     |
| Lt. Walter William Dalitsch, '25   | Lt. Kozme Francis Kapov, '40   |
| Maj. August F. Daro, '25           | Lt. Andrew L. Karabin, '28     |
| Lt. Fernando De Leon, '29          | Lt. Saul D. Kaufman, '38       |
| Lt. Edward Merle Egan, '30         | Lt. George A. Koranda, '33     |
| Lt. Jacob M. Epstein, '38          | Lt. Leon Landon, '36           |
| Lt. Silvio Errico, '36             | Lt. Nathaniel E. Landy, '35    |
| Lt. Francis Patrick Fardy, '39     | Lt. Jacob Leftoff, '39         |

Lt. Herbert J. Levine, '35  
 Lt. Edward W. Levy, '35  
 Lt. Albert Liederman, '37  
 Lt. Jerome Herbert Lippert, '39  
 Lt. Frank Lock, '26  
 Lt. M. M. Mandel, '37  
 Lt. George C. Markoutsas, '40  
 Lt. Edward J. Martens, '41  
 Lt. Col. Joseph I. Martin, '18  
 Lt. Dominick T. Mastrianni, '35  
 Lt. Albert Mizock, '33  
 Lt. Charles Isidore Morris, '40  
 Lt. Allen Richard Morrison, '33  
 Lt. Frank J. Moskal, '30  
 Lt. J. H. Motier, '34  
 Lt. Paul S. Nierenberg, '37  
 Lt. Samuel C. Noto, '37  
 Lt. Louis Novack, '25  
 Lt. George Marshall Osborne, '38  
 Lt. H. H. Paolozzi, '38  
 Lt. Morris Peterson, '38  
 Lt. Harvey H. Pettry, '38  
 Lt. Samuel Pilchman, '39  
 Lt. John J. Pitzafferro, '34  
 Lt. H. Edmond Quinn, '26  
 Lt. Harold E. Randell, '35  
 Lt. Herbert P. Rasche, '34  
 Lt. Carl H. Resnick, '34  
 Lt. Isaac Rosen, '35  
 Lt. Bernard F. Rosenblum, '38  
 Lt. Edward Y. Ross, '36  
 Lt. E. J. Rossman, '34  
 Lt. C. S. Sachtleben, '18  
 Lt. Charles A. Saletta, '34  
 Lt. A. G. Salvatore, '34  
 Lt. Anthony S. Sammis, '40  
 Lt. Abe Leo Schiff, '38  
 Maj. A. L. Schneider, '18  
 Lt. George S. Schwerin, '40

Lt. Henry R. Shear, '40  
 Lt. Martin Sheade, '39  
 Lt. Selig E. Shevin, '26  
 Lt. Gilbert Shoger, '39  
 Lt. S. Andrew Silverman, '34  
 Lt. John Martin Smialek, '36  
 Lt. Irwin Albion Smith, '41  
 Lt. Eugene J. Sodaro, '37  
 Lt. Paul R. Sowden, '31  
 Lt. Frederick Spector, '40  
 Lt. Myles Standish, '32  
 Lt. Carl D. Starck, '36  
 Lt. John M. Staron, '41  
 Lt. A. R. Starr, '33  
 Capt. Philip H. Stevens, '31  
 Lt. John Albin Szukiewics, '33  
 Lt. Lewis J. Tanenbaum, '38  
 Lt. Herbert Tashman, '39  
 Lt. Claude Oliver Temple, '36  
 Lt. Henry Michael Terone, '38  
 Lt. Harry A. Tyllas, '33  
 Lt. M. E. Ushkow, '37  
 Lt. Frank B. Warner, '41  
 Lt. Eugene Warsaw, '40  
 Lt. Louis Weissman, '39  
 Lt. Leonard H. Weisskopf, '37  
 Lt. Anton William Wellstein, '37  
 Lt. Albert Wendorf, '39  
 Lt. Ralph Wexler, '40  
 Lt. Edward G. White, '39  
 Lt. Bradford Willett, '33  
 Lt. Charles Wollak, '38  
 Lt. Theodore Sidney Wright, '40  
 Lt. William A. Yacullo, '38  
 Lt. Norman Yosko, '38  
 Lt. Emil R. Zidek, '34  
 Lt. Rudolph, Ziegler, '41  
 Lt. Walter F. Zurawski, '34

#### FACULTY

Lt. Stanley B. Abelson  
 Lt. Francis J. Armbruster  
 Lt. Lester J. Baranov  
 Lt. Robert D. Barnard  
 Lt. Sidney R. Bazell

Major John Belmonte  
 Lt. Francis Cirrincione  
 Maj. Arthur H. Conley  
 Capt. Loran H. Dill  
 Lt. Comm. Abraham Ettleson

Lt. Jacob Epstein  
 Lt. Francis P. Fardy  
 Lt. Irving Frank  
 Maj. Peter Gaberman  
 Lt. Leo S. Gelfand  
 Capt. Leon Goodman  
 Lt. Frank F. Gross  
 Lt. Herman H. Hill  
 Lt. Anthony L. Grizzaffi  
 Lt. Marion Lee Gordon  
 Lt. Herman J. Horvitz  
 Lt. Comm. M. A. Jacobson  
 Maj. Jack D. Kirshbaum  
 Lt. J. Sanford Kruglick  
 Capt. Abraham J. Lery  
 Capt. William Mavrelis  
 Maj. Donald S. Miller

Lt. Maurice Miller  
 Lt. Sidney L. Mizock  
 Lt. Harold Ovenu  
 Lt. Hannibal H. Paolozzi  
 Lt. Joseph S. Poticha  
 Lt. Bernard Rosenblum  
 Capt. Albert F. Rosenblum  
 Maj. Alex B. Ragins  
 Lt. Comm. Eli L. Rubens  
 Lt. Otto Seidelman  
 Lt. A. L. Schiff  
 Lt. Martin Sheade  
 Lt. Frederick Spector  
 Lt. Eugene J. Sodaro  
 Maj. John E. Stoll  
 Lt. Lewis Tanenbaum  
 Capt. H. L. Udesky  
 Lt. William A. Yacullo

\* \* \* \*



DR. CARL MEYER

## THE JUNIOR PROM

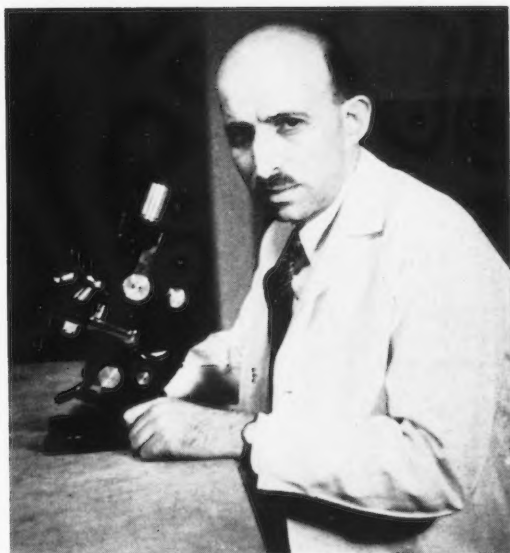
Marking one of the most successful affairs ever held by the student body of The Chicago Medical School, the Junior Prom was held on November 14th at the Crystal Room of the Shoreland Hotel. The many highlights of the evening were overshadowed by the presence of Dr. Carl Meyer, Medical Superintendent of the Cook County Hospital, who was guest of honor. Dean John J. Sheinin introduced Dr. Meyer to members of the faculty, students and friends. Dr. Meyer spoke on his experiences in medicine, gave good advice to the young physician, and commented at length upon the tremendous strides made by our school, ranking its educational facilities with the finest.

Present were many members of the faculty and their wives including, Dr. and Mrs. Sheinin, Dr. Harger, Dr. Christofferson, Dr. Fischmann, Dr. and Mrs. Oppenheim, Dr. and Mrs. Hoffman, Dr. Nice, Dr. and Mrs. Taub, Dr. and Mrs. Levine, Dr. and Mrs. Aries, Dr. and Mrs. Brodsky, Dr. and Mrs. Miller, Dr. and Mrs. Maslow, Dr. and Mrs. Novak, Dr. and Mrs. Kraatz, Dr. and Mrs. Cohen, Dr. and Mrs. Perry, Dr. and Mrs. Yacullo, and Mr. and Mrs. Dickson.

The success of the dinner dance was due in great part to the work of the Chairman, Dr. Rudder, and the many classmates who aided in the various arrangements.



## FACULTY NOTES



DR. VICTOR LEVINE, recently appointed Professor of Pathology and Acting Chairman of the Department of Pathology and Bacteriology, is a native of Chicago, and received all of his education and medical training in Chicago. He is a graduate of Hyde Park High School and the University of Chicago. He received his M.D. from Rush Medical College, and later received his Master's degree in Pathology from the University of Illinois.

Dr. Levine has continued his interest in the field of pathology from the pedagogical point of view as well as from the practical. Formerly Assistant Professor at the University of Illinois, he has also been Pathologist for the St. Anthony's and the Municipal Contagious Hospitals.

One of Dr. Levine's chief interest is pathological hematology. He has published several papers, and has helped publish a series of conferences which were held at the hospitals with which he is associated.

He has been certified by the American Board of Pathology in both pathological anatomy and clinical pathology. He is a member of the following so-

cieties: International Society for Geographic Pathology, American Association for the Study of Neoplastic Diseases, American Association of Pathologists and Bacteriologists, American Society of Clinical Pathologists, Institute of Medicine of Chicago, Illinois Society of Pathologists, Chicago Pathological, and the Chicago Medical Society.

We wish to extend our heartiest welcome.

\* \* \* \*



DR. RUDOLF DREIKURS

It is with great pleasure that we announce the recent addition to the faculty of Dr. Rudolf Dreikurs, well-known Viennese psychiatrist. Although with us a few short weeks, his popularity is well attested to by filled classrooms and wide awake psychiatric clinics.

Dr. Dreikurs was graduated from the University of Vienna in 1923 with the degree of Doctor of Medicine. For six years thereafter, 1923-27, he was Assistant and Resident at the University Klinik for Psychiatry, with Wagner-Jauregg and Poetzl. In 1924 he became assistant and close collaborator of Alfred Adler.

During the years 1927 to 1937, he practiced psychiatry and neurology, was director of clinics for alcoholics and psychopaths, and director of several child guidance clinics in community centers and public schools in Vienna. He was the first to organize psychiatric social welfare work and to introduce mental hygiene in Vienna.

In 1937 Dr. Dreikurs visited Brazil at the invitation of the Academia de Medicina of Rio de Janeiro. At that time he lectured at the University of Rio de Janeiro, and at the Psychological Institute of Sao Paulo. Late in 1937 Dr. Dreikurs came to the United States and, for the past five years, has been a member of the Department of Neuro-Psychiatry of the Michael Reese Hospital. At present he is Consultant Psychiatrist at Hull House and Director of Child Guidance Clinics at Hull House, Mary Crane, and Abraham Lincoln Centers.

He is President of the Individual Psychology Association of Chicago and is Honorary President of the Sociedade Psychologia Individual de Rio de Janeiro. He is Editor of the Individual Psychology Bulletin, and has published more than thirty papers in various languages on psychiatric, psychological, and educational topics. He is the author of the following books:

INTRODUCTION TO INDIVIDUAL PSYCHOLOGY, (published in English, German, Dutch, and Czech).

PSYCHIC IMPOTENCE, (published in German).

THE NERVOUS SYSTEM, (published in German).

TECHNIQUE OF EDUCATION WITHOUT COERCION, (published in Dutch).

The student body wishes to extend a hearty welcome to Dr. Dreikurs in his new position as Professor of Psychiatry at The Chicago Medical School—and to express the hope that the association will continue for many years to come.

\* \* \* \*

DR. PAUL H. WOSIKA, recently appointed Associate Professor of Medicine at The Chicago Medical School, has replaced Dr. Harold Ovenu as Chief of Dispensary Teaching at our school. Dr. Wosika was born in Oklahoma, but has been a resident of our own Chicago for the past twenty years. He attended Northwestern University and received his B.S. and M.D. in 1931 from that University. He served his internship at Passavant Memorial Hospital in Chicago and later was Attending Physician at that hospital from 1935-1942.



Dr. Wosika has travelled far and has come a long way in medicine. He began his postgraduate work as Assistant Resident Physician in Medicine at the Peter Bent Brigham Hospital in Boston during the years 1931-1934. In 1936 he received his Master's degree in Medicine from Northwestern University, and his Ph.D. in Medicine from the same university in 1941.

Dr. Wosika is not a novice as a teacher. He was Instructor of Medicine at Northwestern University, 1936-1942. He was the Physician-in-charge of the Medical Clinic at Northwestern University, 1936-1938, Associate on the Staff of the Cook County Hospital, 1938-1940, and Director of the Admissions Clinic at Northwestern University 1934-1936.

Among his medical associations, Dr. Wosika lists the following: Attending Physician on the Medical Service at Illinois Masonic Hospital, Chicago; Fellow of the American Medical Association; member of the American Federation of Clinical Research, Central Society of Clinical Research, Chicago Medical Society, Mississippi Valley Medical Society, Illinois State Medical Society, Chicago Society of Internal Medicine, Diplomate, American Board of Internal Medicine, in the subspecialty of cardiovascular diseases.

Dr. Wosika's field of research is cardiology and cardiovascular diseases. He is co-author, with Dr. C. C. Maher, of a textbook entitled "Electro Cardiology."

Members of the faculty and we of the student body of The Chicago Medical School extend a hearty welcome to Dr. Wosika.



DR. IRWIN SAMUEL NEIMAN has, after six years of excellent work in the Department of Bacteriology, been appointed Assistant Professor of Bacteriology at The Chicago Medical School. Dr. Neiman received his B.S. from the University of Chicago in 1933, and his Ph.D. in 1936 from the same university. He attended Rush Medical College and was granted his M.D. in 1938. Dr. Neiman is a member of the American Society of Bacteriologists and a member of the Chicago Tuberculosis Society.

Dr. Neiman is not new in the field of teaching, for he has been teaching since 1934. From 1934-1937 he taught bacteriology at the University of Chicago. During the years 1939-1941 he taught Public Health at the University of Illinois. The Chicago Medical School has had the privilege of his instruction since 1936 in the Department of Bacteriology and Public Health in which he is now Assistant Professor. Dr. Neiman is at present engaged in research in tuberculosis.

\* \* \* \*

DR. DAVID GOLDFINGER, who has recently been appointed Associate in Medicine, is now in charge of the teaching of Physical Diagnosis. Dr. Goldfinger received his degrees of B.S. and M.D. from Loyola University in 1935 and 1937, respectively. He interned at the Cook County Hospital during the

years 1937-1938, and has been teaching at The Chicago Medical School since 1939 as Instructor of Physical Diagnosis. Formerly an Associate, he is now an Attending Physician at the Cook County Tuberculosis Hospital. Those who know Dr. Goldfinger and his work are indeed happy to congratulate him on his appointment as Associate in Medicine.

\* \* \* \*



DR. JOHN HAROLD PERRY is a new member of the Department of Anatomy at The Chicago Medical School. Although Dr. Perry is a native of Nova Scotia, much of his scientific education and training was obtained in this country. Dr. Perry received his B.S. from Acadia University, Nova Scotia in 1935. In 1940, he received his Ph.D. from Yale University. While studying for his Ph.D., Dr. Perry taught Anatomy and Physiology at the University of Vermont and continued teaching there until 1942, after which he became a member of the faculty of The Chicago Medical School. He teaches gross anatomy and neuro-anatomy under Dr. Sheinin.

Dr. Perry has given several papers, the latest one at the Anatomists' Meeting in New York in 1941, on special studies in neuro-anatomy, which is his research field. He tells us he has other hobbies besides his scientific work. He is very much interested in music and skiing.



DR. ELMER DANIEL BUEKER, one of the new members of the Department of Anatomy, was born in Hartsburg, Mo. He attended Elmhurst Academy and Junior College at Elmhurst, Ill. He completed his college education at the Central Missouri State Teachers' College at Warrensburg, Mo. After two years of teaching in Missouri schools, Dr. Bueker attended Colorado University and received his Master's degree in 1929. During the following year he served as graduate assistant in the Biology Department of the same university. At the end of the same year, 1930, he was elected to Sigma Xi and was made full time Instructor in Biology.

While at the University of Colorado, under the influence of Dr. Cockerell, he became interested in entomology and did a great deal of work with the insects Coccidia, Collembola, and some varieties of bees.

During the years 1930-42, Dr. Bueker served as Chairman of the Biology Department at Senior High School, University City, Mo. It was during these years that he completed the requirements for his Ph.D. in Anatomy at Washington University.

He did a great deal of work under Dr. Viktor Hamburger and acquired great skill in special techniques of experimental embryology. As a result of his research work he was awarded his Doctor's degree in Anatomy by Washington University in 1942.

In September, 1942, he was appointed to the staff of The Chicago Medical School in the Department of Anatomy.

DR. MITCHEL J. NECHTOW has recently been appointed to the teaching staff of the Department of Obstetrics and Gynecology at The Chicago Medical School. Dr. Nechtow comes to us with the highest of qualifications and we are proud to have him as a member of the faculty of our school.

Dr. Nechtow received his degrees of B.S. and M.D. from the University of Illinois. He is a member of the American Medical Association and of the Chicago Medical Society. He is also on the staffs of the Norwegian American Hospital and the University Hospital. He is serving in the Gynecology Clinic of the Cook County Hospital Outpatient Department and is at present engaged in gynecology research with Dr. Walter J. Reich.

\* \* \* \*

### NEW APPOINTMENTS

Dr. Don Miller has recently been appointed an Attending Man in Orthopedics at the Cook County Hospital.

Dr. O'Malley has recently been appointed an Associate in Orthopedics at the Cook County Hospital.

Dr. Goldfinger has recently been appointed an Attending Man at the Tuberculosis Division of the Cook County Hospital.

\* \* \* \*

### NEW COURSES

A new course in Surgical Anatomy has been added to the Senior curriculum, consisting of lectures and illustrated by moving pictures in Technicolor. The course is being conducted by Dr. Plzak.

A new course in Medical Psychology has been added to the Sophomore curriculum. The course is being conducted by Dr. Dreikurs.

\* \* \* \*

### AWARDS

The C. V. Mosby Company, Book Publishers, of St. Louis, Missouri, has asked the Dean to recommend students for complimentary awards of subscriptions to their medical journals. The following students in the Class of 1942 have been recommended upon the basis of scholastic standing:

"Surgery"—Dr. Abraham Schwartz; "American Journal of Obstetrics and Gynecology"—Dr. Leon Morton Rothman; "American Heart Journal"—Dr. Stanley Harold Sahn; "Journal of Pediatrics"—Dr. Hyman Love.



# ALUMNI NEWS

1897

We had the pleasure of hearing from Charles Hadden Parker, who writes from Santa Cruz, California, where he is successfully engaged in the practice of oral surgery.

1900

Henry Steible informs us that although he has retired, he is interested in health service work during the present emergency.

1903

We have received the information from T. C. J. Abel that he is engaged in laboratory diagnosis as Director of the Abel Laboratories, Inc.

1905

We sincerely appreciate John E. Koons' complimentary remarks about "The Quarterly" and anxiously anticipate the article he promises. He is at present engaged in Eye, Ear, Nose, and Throat work.

1907

Dennis A. Bethea informs us that he is very active in community enterprise for the benefit of the people of Hammond, where his successful practice is maintained. His compliment of "Keep up the good work" can only be returned, in relation to his own work.

1912

F. H. Steinhoff tells us that he is engaged in general practice.

1915

Clarence J. Munch writes from Culbertson, Montana, that he is doing general medicine, specializing in refraction. He thanks us for the Quarterly. That's the kind of reader we like.

1917

H. Zaczeck is doing internal medicine.

1920

O. C. Nelson is now Assistant Warden at the Cook County Hospital.

1921

George M. Redman tells us of his enlistment 23 years ago and of the existence of five privates. We salute him!

1926

S. Miller writes that he may soon have an interesting report for "The Quarterly" on an unusual use of estrogenic hormones. We are waiting patiently.

1927

Molly D. Robertson writes from Peoria that she is on the staff at the State Hospital.

1928

Edward C. Meyer writes that he is very busy, and that his interest in vitamin deficiency has led him to buy a four and a half acre farm at Wheeling, Illinois.

1929

H. H. Morrison is now a Clinician at the Municipal Social Hygiene Clinic, Dermatologist at Post-Graduate Hospital, and Attending Dermatologist at the Provident Hospital.

1930

S. W. Reagan is engaged in general practice and in the practice of proctology. In reply to his request, we sure will keep him on our mailing list.

1932

Otto C. Koluvek is Health Commissioner at Berwyn, Illinois, and on the staff of the Walther and Berwyn Hospitals.

Charles R. Solberg is now Civilian Defense Commander of the West Lawn Community.

1933

C. H. Pfeiffer is Secretary of the staff of the Blessing Hospital, Quincy, Illinois.

C. O. McCreedy is in general practice and, as a hobby, operates a bus line for war workers.

Joseph A. Marlo is now operating a ten-bed hospital at El Monte, California. His office is in Los Angeles.

Adolphus Randolph Starr, 1st Lt., M.C., A.U.S., is now attending EENT school at the Army Medical School, at Washington, D. C.

Alfonso G. Prieto, when last heard from, was waiting for his Army commission.

1934

Emil R. Zidek tells us that he has absorbed a year's work in Europe since graduation and has been appointed to the surgical staff of Lutheran Deaconess Hospital as an Associate Member.

1935

Edward Walter Levy, now with the Army Air Corps, told us recently about post-graduate work in gas anaesthesia. He is a member of the International Anaesthesia Research Society, De Kalb and Illinois State Medical Societies, and is on the staff of three hospitals in De Kalb County.

A. I. Podolsky is President of the Yuma County Medical Society, Arizona, and is pediatric consultant for maternal and child health clinics.

### 1936

L. R. Ireland is doing medicine and surgery at St. Francisville, Illinois.

Albert W. Bowser writes that his hobby is historical research. He has recently been concerned with the history of W. Virginia and Ohio, as well as studying the authenticity of various characters in Zane Grey's novels.

### 1938

Samuel H. Bess, when last heard from, was awaiting Uncle Sam's call.

Harvey H. Pettry, who is now in the Army, is on the staff of the Shelby County Hospital at Shelbyville, and of the St. Anthony's Hospital, at Effingham, Illinois.

### 1939

F. G. McKerr is Associate City Physician of Pittsfield, Mass.

Paul M. Egel is especially interested in orthopedic surgery.

### 1940

When last heard from, Meyer Silverman was enjoying his country practice of medicine, at Seneca, Illinois.

George C. Markoutsas has been getting along well with a great variety of work. He tells us he is looking forward to much experience in the Army.

Gene Arenson is waiting to hear from the Army.

Albert Arenson is waiting to hear from Uncle Sam and is, meanwhile, Resident Physician at the So. Nassau Communities Hospital, Oceanside, N. Y.

Eugene Warsaw is waiting for the call to the colors and is at present Assistant Medical Director for Libby's Foods.

### 1941

R. W. Ziegler is awaiting an Army Commission.

\* \* \* \*

The following Alumni have advised us briefly that they are still engaged in the general practice of medicine:

- 1925. C. M. Gentile
- 1926. I. Neufeld
- 1929. M. S. Duchin
- 1930. B. H. Counts
- 1931. L. Moran
- 1932. E. A. Rinaldo Neufeld
- 1936. R. T. Boysen
- 1936. C. H. Black
- 1936. B. L. Cohen
- 1939. L. J. Bonick

### DEATHS

Kathryn Rosalie Anastin ('41) died in October, 1942.

\* \* \* \*

### ALUMNI MEETING

The annual Alumni meeting was held on September 30th, 1942, in the large amphitheater of the School. The speakers of the evening were: Rev. John C. Evans, Dean John J. Sheinin, and President Henry A. Smith.

The Alumni were very pleased with the accomplishments of the past year and expressed great faith in the leadership of the School. After due honor was paid to the Alumni in the Armed Services, the Association went on record expressing its appreciation to President Henry Smith, who declined the honor of being re-elected.

The new officers elected for the coming year are: Dr. Clinton Elliott, President; Dr. Otto Koluveik, Vice-President; Dr. Henry DuVries, Secretary; and Dr. F. M. Darling, Jr., Treasurer.

\* \* \* \*

### TEN MOST VALUABLE DRUGS

Recently the Senior Class of The Chicago Medical School was polled on what they considered to be the ten drugs most valuable to the human race. The following is the result of that poll, and it is of interest to note that second place on the "Hit Parade" is taken by the sulfa drugs, by far the youngest of any of the drugs named by the soon-to-be healers of mankind.

The first five drugs in the order named were: (1) Opiates (2) Sulfa drugs (3) Digitalis (4) Salicylates (5) Quinine. Sixth place was taken by the barbiturates; and adrenalin and the general anaesthetics were tied for seventh place. Eighth place honors went to the atropine group of drugs, and three candidates, insulin, testosterone, and cathartics, were tied for ninth place. The last place on the pharmacological roll of honor went to the arsenicals, with sodium bicarbonate and ergot as runners-up.

\* \* \* \*

*In 1870 there was found a female of 37 years, addicted to alcohol, who was found to have part of her viscera and part of her limbs consumed by fire, but the hair, clothes, and skin were intact.*

*A young woman, normal and robust in every respect, always experienced a desire to go to stool after being subjected to any nasal irritation sufficient to induce sneezing.*

# ORGANIZATIONS

## PHI LAMBDA KAPPA

The Fall quarter was marked by an ever increasing program of activities for the Alpha Rho Chapter of Phi Lambda Kappa. The regular series of bi-weekly business meetings continued without interruption after the close of a busy summer. Under the able direction of Frater Ray Adelman, Chairman of the Pledge Committee and Vice-President of the chapter, a well-organized and interesting pledge campaign took form early in the quarter. This program featured aid to newly arrived freshmen, including lodging and general orientation in medical school. A majority of the freshman class was present at the first affair of the quarter, the Annual Pledge Smoker, which was held at the La Salle Hotel. Fraters and prospective pledges met formally for the first time, and friendships formed then, were solidified at weekly pledge meetings throughout the quarter. At these meetings the prospective members were aided in solving their personal problems whether intra- or extra-scholastic, and were fully informed about the organization they were interested in joining.

At mid-quarter, the chapter again assembled at the St. Clair Hotel for its monthly dinner meeting. Alpha Rho was privileged to have as guest of the evening, Dr. Sol Milton Wolffson, Associate Professor of Surgery at The Chicago Medical School. Dr. Wolffson spoke at length on the topic: "The Well-Integrated Physician." Well-known to student body and faculty alike for his versatility and cultured approach to the study of medicine, he found an extremely receptive and appreciative audience. Above and beyond the air of conviviality which all helped to create, each man felt that he carried away something permanent, when the evening came to an end.

The evening was also marked by the initiation of two new fraters, Sam Udell and Lou Lazar of the Sophomore Class, and by the pledging of twenty freshmen: Sidney Arden, Irwin Barnett, Howard Berk, Lawrence Gluckman, Jerome Goldflies, Herbert Halper, Joseph Himmelreich, Richard Kamil, Harold Kaplan, Marvin Lerner, Arthur Levin, Max Linderman, Stanford Menachof, Donald Morrison, Clarence Peckler, Burton Rockliff, Henry Schnitman, Nathan Sultan, Abraham Teplitsky, Marvin Ziporyn.

Alpha Rho was also privileged to have as guests during the same evening, Dr. Maurice I. Kaplan and Dr. Jacob Brodsky, members of the school faculty, and outstanding alumni members of Phi Lambda Kappa.

This year the traditional Thanksgiving Pledge Dance was not held so that all the members of Alpha Rho would support the Junior Prom and help to make it the grand success that it was. However, the coming month will be marked by a pledge affair, for which plans are now being made.

The Alpha Rho chapter notes with pride the recent award of the Senior Tuition Scholarship to Frater Leroy P. Levitt, Worthy Superior of the chapter, and also wishes to congratulate Frater Bert Moss and Alumni Frater Irving Greenon, both recently married. Greetings overseas and at home to our fraters in the armed forces: Frater Eddie Hirsch somewhere in North Africa, Frater Arnie Block at the Medical Pool in Carlyle, Pa., and Frater Irv Smith, newly appointed Assistant Surgeon in the Coast Guard.

\* \* \* \*

## NU SIGMA CHI

Under the leadership of Grand Regent Bart D. Iaia, Nu Sigma Chi has maintained its social activities on a par with any of the most successful years in the past. Cooperation and fraternal spirit has manifested itself very strongly among the members during this, the autumn quarter. Perhaps it was the thought of rushing and the numerous social activities that accompanied it which stimulated this very good response. Even at present both fraters and newly accepted pledges are looking forward to the annual fraternity formal dance to be held some time in February.

Our rushing season began with a smoker, held at the Midwest Athletic Club during the month of October. There, prospective pledges and members intermingled and visited together for the first time. It was at the annual banquet, which was given at the Midwest Athletic Club on Armistice Day, that men of both the freshman and upper class were pledged. Members of the faculty who attended gave brief and appropriate talks. They included Drs. Levine and Bocian of the Department of Pathology, Drs. Bueker and Perry of the Department of Anatomy, and Drs. Kraatz and Nice of the Department of Physiology and Pharmacology. Pledges accepted included eleven members of the freshman class and two of the junior class.

The active members of the fraternity take this opportunity to congratulate the new members on their acceptance. The new men have given us the stimulation to move ahead by their presence. We feel that,

while today they as a group are neophytes, the time will arrive shortly when the burdens of fraternal life will be borne by them, and, from our brief affiliation with most of them, we know that they will be a decided asset to the organization.

\* \* \* \*

## PERSONAL ANNOUNCEMENTS

Dr. and Mrs. Ralph C. Rudder will celebrate their 4th anniversary December 25.

Mr. and Mrs. John M. Rampa will celebrate their 10th anniversary December 25.

Mr. and Mrs. Celestino E. Sepulveda celebrated their 5th anniversary September 8.

Mr. and Mrs. Pat C. Vitullo celebrated their 15th anniversary November 27.

Harold S. Glassman and Jeanette Jaffe will be married December 27.

Mr. and Mrs. Dan Foley will celebrate their 11th anniversary January 9.

Mr. and Mrs. Sydney Lilienfield celebrated their 2nd anniversary December 29.

Bert Moss and Ruth Ann Lipsker of Billings, Montana were married on September 23rd. They are now at home at 5048 Marine Drive.

Leslie B. J. Forrest and Jacqueline C. Durvant were married on September 27th, at St. Petersburg, Florida.

Herbert Smulson and Fay Joyce Addelman, of Cleveland, were recently engaged.

Mr. and Mrs. Arthur Zweibel, both of New Jersey, celebrate their first anniversary on December 28th.

Lieutenant Joseph G. Berkely was graduated from the Air Force Advanced Flying School, Kelly Field, Texas, on September 6th, 1942.

\* \* \* \*

## ALUMNI

Walter Greenson ('41) married Miss Louise Kasle, Nov. 22nd, 1942.

Isidore Brill ('36) married Miss Rosa Lee Rose, Oct. 13th, 1942, in Washington, D. C.

Lieutenant and Mrs. Jacob Leftoff ('39) announce the birth of Paul Stephen Leftoff on Sept. 12th, 1942.

Lieutenant and Mrs. Martin W. Sheade ('39) announce the birth of Neal Kenneth Sheade on October 29th, 1942.

\* \* \* \*

*There was a young man who like a dog could distinguish people by their odors, and who by smell alone recognized his wife from other persons.*

## PUBLIC HEALTH

For the last decade it has become more and more apparent to medical education that instruction in Public Health has been more or less limited in medical schools. There have been attempts to enlarge the public health curriculum in some medical schools, some organized and some disorganized. On November 1, 1939, The Association of American Medical Colleges recognized the deficiency and appointed a committee to study the situation. The report (1) of the Committee is not very complimentary but contains a number of valuable suggestions. The case for organized public health courses need not be expounded; it is sufficient to point out that all persons must have a wider conception of society than was heretofore necessary. Knowledge of public health principles, methods, and applications, becomes a necessity for medical men as their contribution to the raising of the health standards of the community and through it, the individual.

A reading of the appended summary of the projected curriculum will reveal that our Public Health schedule is among the most complete given in any of the medical schools in Chicago.

The Freshman course takes up: personal hygiene, water, sewage disposal, milk, fish and other foods, drugs.

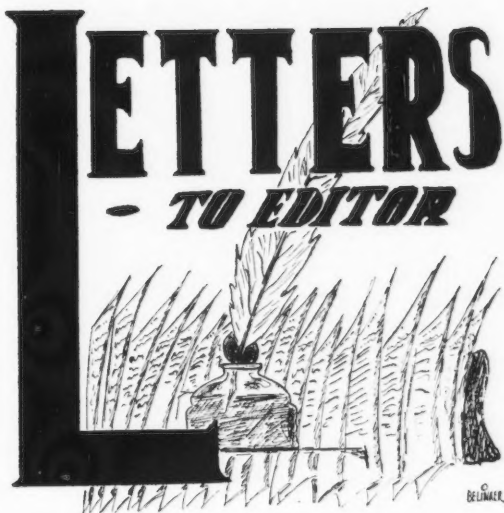
In the Junior class, the following subjects are considered: scope of epidemiology, sources of infection, transmission of infection, disease entering by way of the respiratory tract, as common cold, influenza, pneumonia, poliomyelitis, small pox, measles, etc.; diseases entering by way of the digestive tract, as, trichinosis, dysenteries, typhoid fever, tapeworms, milk-borne diseases, etc.; diseases transmitted from animals to man, as, rabies, anthrax, glanders, plague, tularemia, psittacosis, etc.; diseases spread by insect vectors, as, malaria, yellow fever, typhus fever, Rocky Mountain spotted fever, etc.; venereal diseases.

The Senior classes in Public Health are given in two trimesters, one devoted to occupational hygiene and the other to administrative medicine. In the former course are considered: legal aspects of occupational hygiene, occupational diseases, gases, solvents and fumes, industrial tuberculosis, dusts, silicosis and asbestosis, and the metals. The final course is concerned with: vital statistics, epidemiology of non-communicable diseases, problems in administrative medicine, infant and maternal welfare, and a brief study on the cost of public health service.

(1) Preliminary Report of the Committee on the Teaching of Public Health and Preventive Medicine, Association of American Medical Colleges, J. Assoc. Am. Med. Col., V. 17, No. 2, March, 1942, pp. 80-86.



# LETTERS - TO EDITOR



Dear Sir:

I am taking this opportunity to send in my microscope as per the recent request to the alumni. I know that the faculty members in charge of the laboratories in which these loaned instruments will be used will see that they are not abused. It is with real pleasure that I am able to do a small bit to help out in this present emergency.

I have received my orders to report to Fort Lewis, Washington, on September 26th, and so will be leaving for there on the 22nd.

I want you to know that I have implicit faith in the splendid work of our Dean, and I shall do all within my meager power to continue to promote the best interests of The Chicago Medical School in every ethical and gentlemanly manner possible. I fully appreciate the tremendous strides that our school has made. I also want to place my vote of confidence for our Board of Directors and I sincerely hope that, when this war is won, The Chicago Medical School will long since have attained its justly deserved position among the other medical schools of our country.

Sincerely,

I. E. Bartlett, Lt., M.C.  
Atlantic City, N. J.

Dear Sir:

The "Quarterly" sure is great. The "Pabulum" picture is a winner. List of "Officers" is a real "Prof" transfusion. My name will probably be on a future list. Fine work!

H. Ruffu, M.D.,  
Atlantic City, N. J.

Dear Sir:

I volunteered for the Army Medical Corps on August 1st and received a commission as First Lieutenant on August 18th. I was assigned to the Officers Specialist School, Engineer Amphibian Command, Camp Edwards, Massachusetts, and reported for duty on September 2nd.

I have been here for over three weeks and like the Army very much. It is a very busy and interesting life, and Uncle Sam is the best boss in the world. I would advise fellow Alumni who are deliberating on whether to join or not to go ahead and send in their applications. There is a vital need for physicians, at once. This is an emergency! We all ought to realize this and forget our own professional and financial interests. Let's get into it today and show that The Chicago Medical School is fully behind the war effort.

I wish to take this opportunity to thank you for the excellent manner in which you handled my article on "Spinal Anesthesia" in the June issue. I also appreciate the letters I received from Alumni and Students.

Sincerely yours,

Lt. Irving H. Blumenfeld, M.C.  
Class of 1939.

Dear Sir:

As an old alumnus, I am asking permission to use some of an article you printed in the September number of the Quarterly. It is entitled "Russian Medicine in War-Time."

I have a column in one of the local papers, and find that this subject, written for the laymen, would be of immense interest. I shall give full credit for it. I hope you can let me use it.

Sincerely,

Charles Hadden Parker, '97.

Dear Sir:

Lt. Bernard S. Freedman and I received our copies of "The Quarterly" this afternoon. Kindly accept our congratulations on the quality of this magazine and on its interest to the alumni which it serves.

We believe that you may be interested in our military careers to date. Our original station was Camp Grant. After leaving there, we were assigned to the Station Hospital here, temporarily. We are now with our permanent organization. Lt. Freedman is Company Commander of Company "B," while I am Company Commander of Company "A," with the 69th Medical Regiment, Camp Maxey, Paris, Texas.

Incidentally, Lt. Adio A. Freedman, Class of 1940, is now attached to Co. "C," 26th Medical Battalion, Camp Grant. Lt. Saul Burten, Class of 1937, is now with the 123rd Infantry Division, Fort Lewis, Wash-

ington. Lts. Walter E. Block and Samuel Pilchman are now with the 5th Armored Division, Camp Cooke, California.

Lt. Bernard Freedman and I hope that you will correct our mailing address and inform the school and the Alumni secretary of our correct address.

Sincerely yours,

L. H. Weisskopf, Lt., M.C.  
Class of 1937.

\* \* \* \*

## RECENT ADDITIONS TO THE LIBRARY

- Adler, A.—Understanding Human Nature—2nd print. 1941.  
Adler, A.—What Life Should Mean to You—1937.  
Alvarez—Gastro-enterology—3d ed. impression . . . 2d. 1941.  
Ashman & Hull—Electrocardiography—2d ed. 1941.  
American Medical Directory—10th ed. 1940.  
Bell, E. T.—Pathology—4th ed. 1941. 2d copy.  
Biological Symposia—Visual Mechanism—Vol. 7, 1942.  
Christian, H. A.—Diseases of the Heart—1940.  
Comroe, B. I.—Arthritis—2d ed. 1941.  
Crossen & Crossen—Diseases of Women—9th ed. 1941.  
Davis, L.—Neurological Surgery—2nd ed. 1942.  
Dayton, N. A.—Mental Disorders—1940.  
Dennis & Pakula—Congenital Syphilis—1940.  
Directory of Medical Specialists—1942.  
Dreikurs, R. N.—Individual Psychology—1935.  
Fishberg, A. M.—Heart Failure—2nd ed. rev. 2 copies. 1940.  
Freud, S.—Lectures on Psychoanalysis—2nd ed. 1936.  
Hamilton, A.—Industrial Toxicology—1934.  
Hertzler, A. E.—The Horse and Buggy Doctor—1938. 2d copy.  
Harvey Cushing Society Bibliography—1939.  
Hull, T. G.—Diseases Transmitted from Animals to Man—2d ed. 1941.  
Hoff & Fulton—Bibliography of Aviation Medicine—1942.  
Illinois Law *in re* Labor and Employment—1941.  
Kraines, S. H.—Therapy of Neuroses and Psychoses—1941.  
Lederle Laboratories—Sulfadiazine—1941.  
Lilly Research Laboratories—Diabetes Mellitus—1940.  
Lewis, Sir Thomas—Pain—1942.  
Littell, S.—Disease of the Eye—1st. ed. (rare book).  
Maximow & Bloom—Histology—4th ed. 1942.  
Mudd Thalheimer, eds.—Blood Substitutes and Blood Transfusion—1942.  
Nash, J.—Surgical Physiology—1942.  
Oliver, W. W.—The Man Who Lived for Tomorrow—W. H. Park—1941.  
Nat'l Conference of College and University Presidents—Higher Education and War—1942.  
Nat'l Research Council—Division of Medical Sciences—Military Surgical Manuals—1942 Vol. 1-3.  
New York Committee on Ventilation—School Ventilation—1931.  
Newman, H. H.—Readings in Evolution, Genetics and Eugenics—1921.  
Padgett, E. C.—Skin Grafting—1942.  
Parker Herhex Corp.—The Hair and Scalp—1941.  
Quarterly Cumulus Medicus Index—Vol. 30, 1941.  
Rockefeller Institute of Medical Research—Studies. Vol. 121, 1942.  
Rowbotham, G. F.—Acute Injuries of the Head—1942.  
Ruff & Strughold—Compendium of Aviation Medicine—1942.  
Smith, H. W.—Physiology of the Kidney—1937.  
Smith, L. W. & Gault, W. S.—Essentials of Pathology—2d. ed. 1942.  
Smithsonian Institution—War Background Studies No. 1-3, 1942.  
Starling, E. H.—Human Physiology—8th ed., ed. by C. L. Evans, 1941.  
Stitt & Strong—Tropical Diseases—8th ed. 2 Vols. 1942.  
Sulzberger, M. B.—Dermatologic Therapy—1942.  
Taylor, F. S.—Conquest of Bacteria—1942.  
U. S. Agric.—Index-catalog of Med. and Vet. Zoology, Vol. 6, 1942.  
U. S. Pharmac. Convention—Pharmacopoeia, 12 rev. 1942.  
U. S. Public Health Service—Serological Blood Tests for Syphilis—1941.  
U. S. Public Health Service—Serological Blood Tests on Selective Service Registrants for Syphilis—1942.  
Wander Co.—Nutrition in Health and Disease.  
Webster, L. T.—Rabies—1942.  
Wexberg, E.—Our Children in a Changing World—1938.  
Wilder, H. H.—History of the Human Body—1923.  
Yates, W. M.—Internal Medicine—1st ed. rev. 1942.  
Young, H. H.—Hugh Young, A Surgeon's Autobiography—1940.

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## NEW JOURNALS

AMERICAN JOURNAL OF CLINICAL PATHOLOGY.  
ARCHIVES OF BIOCHEMISTRY.

## BOOKS

(Continued from page 19)

as the authors state, "there was nothing flamboyant or oratorical in his teaching but it was crystal clear and left a clean cut impression". He learned to speak extemporaneously and, at the same time, to present facts in a lucid and convincing manner. During this time, he shared living quarters with Dennis who had the means and inclination to entertain lavishly on occasion. Andrew Carnegie and Matthew Arnold were among his guests.

Dennis had always been an influential booster for his friend; thus, when Dr. Billings reopened the discussions with Welch concerning the proposed school in Baltimore, the groundwork had already been partially prepared by Dennis' communications with President Gilman of Hopkins. When Welch was finally offered the professorship of Pathology at John Hopkins, he waited twenty days before accepting. It was a difficult decision because, although he favored the purely academic lure of the new Hopkins to the noise and bustle of New York, he would be leaving a potentially more lucrative field and would be doing so against the burning advice of Dennis and Dr. Austin Flint.

After Welch's decision to go to Baltimore, Dennis formally broke off their friendship. The university allowed the new appointee to return to Europe and Leipzig where his former teacher, Cohnheim, was now a professor. One of his main interests in this trip was to acquaint himself with the new bacteriology founded by the phenomenal Koch, a district physician who had discovered the anthrax bacillus. In fact, Welch enrolled in the first bacteriology course ever given by Koch in his new government laboratory in Berlin. "Throughout his long life Welch was a wanderer into laboratories", so wrote Frobenius.

Returning to America, he found the university had set him up very well and his first class contained twenty six medical graduates. The local physicians objected to the advent of full time men but the fact that Welch was a "laboratory man" promised to give them no competition in their practice. The Baltimore and Ohio Railroad, in which the university had invested extensively, was floundering at this time; nonetheless, plans for building up the medical staff continued. Osler and Kelly arrived.

In the summer of 1890, Welch attended the International Medical Congress in Berlin. Shortly after this, Simon Flexner arrived in Baltimore from Louis-

ville, Kentucky. The first year, Welch paid him little heed but, when his work showed promise, the good professor's attitude changed. Although Welch himself was a devotee of the German system of medical education, he didn't believe that men worked well on assigned tasks. He believed in following promising leads and exploiting fortuitous findings. He took a friendly though reserved interest in his students and was careful to offer only the constructive kind of criticism. He also saw to it that his students were well placed on completion of their work with him.

The financial tieup postponed the proposed medical school and threatened to lose the valuable staff which had been recently acquired. Top schools like Harvard were putting out feelers for Osler, Welch and other key men until the situation became acute. An endowment drive was plainly indicated. At this vulnerable period, the school was assailed by a group of ladies, headed by Miss M. Carey Thomas, daughter of one of the trustees and also dean of the new Bryn Mawr School for Women. She thought that she, with her affluent friends including a Miss Garrett, inheritor of a large fortune from the B. & O. railroad, could manage a substantial endowment on condition that women be permitted to attend the new medical school. President Gilman thought "the cure would be worse than the disease". But he finally capitulated when the women put up \$500,000. The conditions attached to the offer required all applicants to have an A.B. degree or its equivalent, knowledge of French and German, and several other new premedical subjects. Although Welch had been preaching higher standards for several years including (a) association with a good university (b) endowment (c) higher entrance requirements, etc., the new and blunt proposition was a bit startling. Osler remarked: "Welch, we are lucky to get in as professors, for I am sure that neither you nor I could ever get in as students." Johns Hopkins Hospital had opened to patients in 1889 and the new medical school opened in the fall of 1893 with Dr. Welch as the first dean. Howell, Mall, and Abel were brought in to fill the preclinical chairs.

The Journal of Experimental Medicine was founded with none other than Welch as its first editor. The tone of the new journal was high and its success was rapid. As Welch did a meticulous job in his duties as editor, he also continued campaigning and saved medicine from many a serious setback during this crucial period of its growth. He observed that medicine at that time was "the stepchild of philanthropy". The Rev. Frederick T. Gates, a Baptist minister from Minnesota, knew John D. Rockefeller and also a

young medical student named Huntingdon. He was inspired by the latter and appealed to the former to found a medical institute patterned after the Koch Institute in Berlin or the Pasteur Institute in Paris. As the idea evolved and the millionaire became interested, a search was made to find a possible director "who should combine the necessary scientific qualifications with the ability to get on with his colleagues, and with a certain amount of common sense". Theobald Smith declined the directorship and Simon Flexner accepted it.

Rockefeller had originally promised \$20,000 annually for ten years and in 1907, the year after the new building was opened, he gave \$2,620,610. for a permanent endowment. "The primary purpose of the institute may be defined as the attempt to add to knowledge by discovery, and to apply that knowledge to the prevention and alleviation of disease." Of course Welch was a member of the Board of Directors. Progress in American medicine was now emphasized when the Kaiser Wilhelm Institute in Berlin was fashioned after the Rockefeller and Carnegie Institute in this country. By 1928 gifts from the Rockefellers and the Foundation reached \$65,000,000.

His next crusade was to create a central school of hygiene, somewhat similar to the one in Munich. A severe cholera epidemic in Hamburg had been transported to New York and gave the populace a scare. Whenever a major problem concerning national health was concerned as in the Panama Canal zone or in the hookworm problem of the south, Welch was always consulted. In 1917 he resigned his chair in Pathology but retained his membership on the advisory board. He was usually late at its meetings and would "walk down to the end of the table and wait patiently behind the chair of the man sitting at the corner until he got up and gave him his seat". The School of Hygiene and Public Health was opened in 1918 with Welch as director. One of the novel departments was that of Biostatistics headed by Raymond Pearl.

Welch became president of the National Academy of Sciences, which formed the National Research Council to coordinate the scientific brains of the nation and offer their services to the government in the war crisis. During the war, Welch was very active in the army camps here and later overseas. From a major he rose to the rank of colonel.

Rockefeller funds were spreading to all quarters of the globe and Welch presently found himself crossing the Pacific to inspect the schools at Mukden, Peking, Shanghai and Changsha. Reorganization of the medical departments met with some opposition

from the missionaries who wished to retain Chinese as the language in teaching. Welch pointed out to the Chinese the importance of independent observation and the inductive method as contrasted with their habitual memory methods of learning. In Japan he received the Order of the Rising Sun, third class. Simon Flexner also received a third class decoration and is to be commended on his restraint in referring to this incident.

The dean of American medicine, as Welch came to be known, was now offered a comfortable chair in the History of Medicine but he refused to sit still. By 1930 he had obtained a quarter of a million dollars to endow a chair in this field. On this date, Welch's eightieth birthday was celebrated in Washington in the presence of President Hoover and over an international radio hookup. His last trip to Europe was in 1931 and he died of cancer in 1934.

As the authors put it, he "died as he had lived, keeping his own counsel". It seems that Popsy, as he was affectionately known by so many, had never allowed himself to be drawn into overly intimate friendships, especially after his break with his friend Dennis. He was an affable and kindly soul and also a Spartan. He enjoyed the simpler things and preferred amusement parks to the fashionable watering places. No one questions that he was a very unusual man and for that we are fortunate; nonetheless, the story of Dr. Welch is very human and appealing and should encourage many young doctors when things seem bleak.

This account of his life has the advantage of two authors who were closely associated with him and the growth of medicine. The book bears the stamp of scientific preparation, containing a condensed mass of well-knit information and many human interest details. It is highly recommended.

W. E. MacFarland, Ph. D.

\* \* \* \*

We present recommendations to make the most of the medical student's limited reading time.

#### FICTION:

"SIGNED WITH THEIR HONOR"—James Aldridge.

The first novel of airpower in this war. A moving and unforgettable story of an R.A.F. pilot in Greece and Egypt.

"QUICKSILVER"—Fitzroy Davis.

A modern and sophisticated but real story of established stars and struggling beginners, written with a knowledge and love of the theatre.

"LOOK TO THE MOUNTAINS"—Le Grand Canon, Jr.

A man and woman make a home alone in the wilderness in a book that is warm and personal. And the time is 1776.

"MEN AT WAR"—Ernest Hemingway.

An anthology selected and interpreted by Hemingway. Powerful stuff, not for the squeamish.

"THIS IS MY BEST—

The best writers of the past thirty-odd years select what they consider their best writing, and tell you why.

#### NON-FICTION

"ONLY THE STARS ARE NEUTRAL"—Quentin Reynolds.

Not another book by a correspondent. He has something to say—which should be shouted from the house-tops.

"STORM OVER THE LAND"—Carl Sandburg.

The fast-moving history of the Civil War, taken from "Abraham Lincoln, the War Years," by the foremost American historical writer.

"SECRET HISTORY OF THE AMERICAN REVOLUTION"—Carl van Doren.

An exciting, beautifully written document of the Fifth Columnists then.

"SABOTAGE"—Michael Sayres.

The book that has value until every Fascist and sympathizer has been defeated. These are the methods they are using right now.

"THE ILLUSTRIOUS DUNDERHEADS"—Introduction by Rex Stout.

A book to own for the illustrations by Gropper, and for quotes and comments on the men who shame our cause.

\* \* \* \*

MEDICAL PARASITOLOGY—by James T. Culbertson, Assistant Professor of Bacteriology, College of Physicians and Surgeons, Columbia University. Pages: xvi-285. Price \$4.25. Published September 21, 1942. Columbia University Press, New York City, New York.

This book has but one purpose: to present to medical students and practitioners the common parasitic diseases in a palatable and concise form. There has been in recent years a trend toward the systematic inclusion of courses in medical schools emphasizing tropical and subtropical diseases. It is obvious to everyone that physicians in the temperate zones can no longer afford to be ignorant of diseases occurring in other parts of the world, not only now because of the war but afterward when transportation will be on a much wider and faster scale. It behooves us, then,

THE QUARTERLY



to master the tongue-twisting names of these little known (to us) diseases.

We can only consider Dr. Culbertson's book an introduction to medical parasitology because it is so short. Like all books which try to compress much knowledge into few pages, there are the sins of omission. What to include and what to omit is always a problem in writing a book, no matter how long or short, except when it is in encyclopedic proportions. By and large, it seems that Dr. Culbertson has arranged his material in a logical pattern and has placed emphasis where it is due.

The style is lucid, sharp and factual. There are few words wasted on controversial issues. However, it is to be noted that the immunology of parasitic diseases, a subject usually skimmed in other texts, is brought into clear focus by a judicious summation of known facts. The photomicrographs are particularly pleasing both in format and in clarity. The many tables are well arranged to crystallize knowledge gained from the text. For a book of this size, it presents a great deal of valuable information.

Irwin S. Neiman, Ph.D., M.D.

**PRINCIPLES AND PRACTICE OF AVIATION MEDICINE**, by Harry G. Armstrong, M.D., F.A.C.P.—Major, Medical Corps, U. S. Army, Director of Research, The School of Aviation Medicine, Randolph Field, Texas. The Williams and Wilkins Co., Baltimore, Maryland, 1939, pages xii—496.

Since aviation has become the outstanding field of modern warfare, the study of aviation medicine has become one of the most important to war medicine. Not since more than fifteen years ago, has there been a composite collection of material in this field. In those years, tremendous strides were taken in the advancement of this growing science. Here is the first of the recent studies of this work brought together under one cover.

The book was prepared primarily as a textbook for students and as a reference work for physicians and others engaged in the study of this advancing field. In preparing the book with the forementioned goals, the author has collected material which is not readily at hand to the worker in the field, since it has been published in so many different journals and in a number of languages. Thus, Dr. Armstrong spent four years in organizing the essential material of the last few years and added a great deal of original material for this useful and practical volume.

The author carries aviation medicine back to the

origin of the airplane itself and shows how the field has developed to its present position of importance in modern warfare. Following this historical background, he introduces the student to the flight surgeon and his position and duties. Following this introduction into the field, he begins the study of the medicine of flight in a well organized, very nicely written manner. Dr. Armstrong presents each problem, the physiology involved, and the medical studies produced in the last few years.

This book finds its major importance in the fact that in the next year or two, in this war, and in the years following the present war, this material will probably become a standard course in the American medical schools as it already has in some of our schools and in most of the European schools. Whether or not this material is presented as a school subject, it is, without question, becoming of great interest to the medical profession.

This may be looked upon as an outstanding "first" in a growing field, whose importance cannot be overlooked in these days when aviation is the major weapon of battle and the one item in whose importance lies the entire future of our civilization.

Sheldon Levin

**THE BLOOD BANK AND THE TECHNIQUE AND THERAPEUTICS OF TRANSFUSIONS**, by Robt. A. Kilduffe, M.D., Director of Laboratories, Atlantic City Hospital and Michael De Bakey, M. D., Asst. Prof. of Surgery, School of Medicine, Tulane University. C. V. Mosby Co., St. Louis, 1942, \$7.50.

Here is a book that could not be more timely in these days of warfare. We are becoming more and more conscious of the advantages and needs for blood transfusion, and here we find a current study of its needs and uses.

The medical student should find this historical background of blood transfusions quite interesting in his studies. The authors cover the selection and typing of donors, the technique, the complications, involved in the military aspects of the subject. The methods of storing and preserving of blood are well discussed. In general we find an interesting and well written study as indicated by a complete up to date bibliography.

The practitioners of today who are so concerned with military medicine and the field of blood transfusion in war work will find this book extremely informative.

S. L.

## LIFE . . .

(Continued from page 16)

"Pardon me, sir," I said, "but could you tell me what you think Life is?"

"Life to me," he said, "is a good ————binge, And that's what I'm going on, as of now." And with this he hurried away.

As I turned to leave, a hand fell on my shoulder. "Please, mister," a voice said, "please let me tell you what Life is. When I went to college, I took a Bio course and we had to learn all about the attributes of Life for the final exam. I stayed awake all night learning about Life—from my Biology text of course, and then the question was never asked."

"Go ahead," I said, with a leer in my voice. I had taken the same course, and I *was* asked the question. But I hadn't stayed up all night.

"Life," he began, "has, as its essence, protoplasm. Protoplasm is a complex substance in a continual state of flux and flow. It is subject to continual electrical and chemical changes, occurring at an interphase, constantly changing, constantly in motion, and—" "Just a moment," I interrupted. "Are you a Senior medical student too?" "Shucks no!" came the joyous reply, "I run the elevator."

And so it went. I was told that "Life is what you make it"; that "Life is wine women and song"; and that "Life is just a bowl of cherries."

Time and again, Sex reared its ugly head. Do you have a little medical student in your home? If you do, then you know what I mean. If you do not, then you are thrice blessed.

I must tell you of one more chap I met. He was a bit stymied at first but he suddenly waxed poetic—and this came forth:

"To have all that I can eat,  
To have a desk to support my feet,  
To have all that I may wish  
To never have to wipe a dish."

And so on ad absurdum. Domestic little fellow, isn't he?

So I turned my way homeward, bowed but unbeaten. To my erudite brethren, thank you for a lovely evening. To Goethe, my humble apologies. And to E. Shrdlu, Esq., for his helpful suggestions, I am sending one sack of rice upon which he may practice his specialty. Perhaps some day he may qualify as a consultant.

## KALUM . . .

(Continued from page 9)

Kalum is amphoteric alumina gel containing 5% aluminum hydroxide and 3% kaolin—both in colloidal form—flavored with oil of peppermint and miscible with water. The small amount of flavoring makes Kalum palatable and pleasant for oral administration. As previously mentioned, both kaolin and alumina gel are effective only in colloidal form. Kalum unlike other preparations shows no tendency to settle out or clump; thus it maintains its therapeutic value over long periods of time. It has been shown that Kalum absorbs ten times its volume of 0.1 normal hydrochloric acid in thirty minutes, due to the fine and consistent suspension of the colloids.

The peptic ulcer patient is notorious for the rigid dietary control to which he must conform. In the past it was the custom to prescribe a diet principally of milk and cream to such an extent that the patient ultimately developed an aversion to food and drink. With the advent of Kalum, dietary control is quite simple, and requires caution only for the first three or four weeks. After this time, the patient is placed on a convalescent ulcer diet for 6 months to a year, during which time he is permitted to have almost anything except such irritating substances as fried meats, coarse vegetables, alcohol and tobacco. This simplification of dietary control goes a long way in making for better patient cooperation.

An important point not to be overlooked when considering the practical aspects of the therapeutic use of this product, is the fact that Kalum will carry belladonna, phenobarbital, or cascara, and will, therefore, not permit "bleeding out." By the addition of belladonna, we are simultaneously administering an antispasmodic, which aids in the relaxation of the pyloric sphincter, should the symptoms warrant such an action. Also, it must be borne in mind that the patient with a peptic ulcer is quite irritable, hence the advantage of adding phenobarbital to the medication becomes apparent. Up to date, the medicaments in ulcer therapy have almost invariably been accompanied by constipation. It has been shown both in the laboratory and in the clinic (Cook County Hospital) that Kalum is much less constipating than alumina gel alone. However, if the patient does exhibit constipation it is advisable and convenient to add cascara to Kalum. From what has just been said, it is evident we are hereby combining both convenience and efficiency, a source of satisfaction to physician and patient alike.

In my practise I find it advisable to combine both phenobarbital and belladonna with Kalum for only the first week or so. After this time, should the patient show signs of constipation, either cascara or milk of magnesia is given. Should constipation be absent, Kalum alone is prescribed. For the first two weeks after starting treatment, the patient is advised to take 2 teaspoons of Kalum both before and after meals, and also before retiring. After this period, if the patient is symptom free, only two teaspoons after meals is required; and after several months only on the recurrence of pain is Kalum taken.

In conclusion, it is the author's finding that not all cases of peptic ulcers treated have responded favorably to the continued use of Kalum; but that is to be expected. However, over the period of time during which this product has been indiscriminantly used for peptic ulcers, both clinical and x-ray evidence have shown that a good proportion of the patients treated responded quite favorably, and in many cases showed the ulcer to have been completely healed over and in fairly prompt manner. There is no doubt that in the future Kalum will find greater usage, and will be generally accepted as an invaluable aid in peptic ulcer therapy.

#### BIBLIOGRAPHY

- Crohn, B. B., J. Lab. Clin. Med., 14:610, 1929.  
 Kraemer, M., Am. J. Dig. Dis., 8:56, 1941.  
 Much, N., Brit. M. J., 1:595, 1937.  
 Smith, W., Lancet, 1:438, 1937.  
 Swalm, W. A., Med. Record, 140:68, 1934.  
 Walker, R. R., Lancet, 2:273, 1921.

\* \* \* \*

*Every time he got into a fury, a  
 Schizophrenic from Upper Manchuria  
 Displayed Hemiparesis  
 Dysidiadokokineses  
 and Haematoporphyrinuria.*

\* \* \* \*

*(For those who think that pH means "pass Hoffman")*

*Diffuse with me and loose thy mate  
 Come leave your base afore's too late  
 For time is short and balance strong,  
 Carbonic acid's formed ere long.  
 Alas! Poor Hb's base has fled,  
 And now's ensconced in acid's bed.  
 Sad hemoglobin walks as lame—  
 But, praise God, pH's the same!*

\* \* \* \*

*(This is embryologically incontestible)*

*To thee, Muller, we're indebted!  
 Thy fused ducts are ne'er regretted  
 Save when carelessly subtletted  
 And subsequently not curetted!*

*(Here's one for the every-present-long-word-lover)  
 The ant has made himself industrious  
 By constant industry industrious  
 So what!  
 Would you be calm and placid  
 If you were filled with Formic acid?*

\* \* \* \*

#### BABY TALK

*(Continued from page 17)*

"Is that all you can say? In a minute I'll shut up and you'll really think you're crazy," said Karen.

"No, no, Karen," I begged, "please go on."

"O.K. There's a lot of stuff going on around here that you don't know about and I wish you'd talk to mother."

"What about?" I asked.

"Tell her to quit taking my temperature. Every time I turn my back she's in here with a thermometer. Yesterday, she took my temperature six times. I'm getting a little sore."

"Yes," I said, still dazed.

"And another thing, tell her to stop giving me suppositories. I've got a mind of my own."

I smiled.

"It's not funny," said Karen. "And you can ask her to quit smoking when I'm at the breast. She burned me twice yesterday. And you can also tell her not to answer the phone at feeding time if it isn't too much to ask of one's mother."

"I'll talk to her, Karen," I said.

"You talk to that nurse, too!" Karen commanded. "Tell her to quit being so lazy. She can change my diaper when I'm wet instead of shoving a bottle of water into my mouth when I complain about it."

"Honey, tell me more." I purred. How I was going to enjoy this.

"You can tell that nurse to hold my bottle up so I don't swallow air and not to try feeding me and read Torrid Tales at the same time. So far I've been nice about it but from now on I'll complain like, like—h—everything."

"Why don't you tell them yourself, Karen?" I asked.

"I tried, but either they don't listen or don't understand. Yesterday, I was too warm so I told them, but all they did was give me water, and cover me with more blankets. When I broke out with this heat rash, they got all excited and called you. Will you talk to them?"

"Will I? Watch me," I said, as I triumphantly entered the mother's room.

I seated myself with more confidence than I had ever before had. I began my instructions and tactfully made suggestions to both mother and nurse. They marvelled at my knowledge and insight of their errors. They faithfully promised to follow instructions to the letter.

As I was leaving, I whispered to the nurse, "You can read the classics on your own time."

The look upon her face was more than worth my moments of discomfort!!

\* \* \* \*

## PSYCHIATRY

*(Continued from page 8)*

relationships and contacts, receive special psychiatric attention. Prevention is recognized as a most effective approach to many mental problems. This is especially true for the maladjustments of so-called psychopathic personalities, which includes drunkards and drug addicts, delinquents, prostitutes, gamblers and swindlers, perverts, and moral defectives of various orders. Treatment of the fully developed psychopathic personality is extremely difficult, but case studies give the impression that during the early years of life much could have been done to maintain mental health, which, to a certain degree, is identical with proper social attitudes. The importance of early childhood was also confirmed by experiences with the psychotherapy of neurosis. These findings made psychiatrists aware of the most vital problems of education.

The impressions which young children experience stimulate not only the development of the whole personality, of traits and qualities, but are also responsible for later mental and emotional maladjustments. Unfortunately, most parents—and even many teachers—do not realize the damage they are inflicting despite their best efforts and intentions. Psychiatrists are called upon to assist in solving educational conflicts, and to advise parents and teachers in the handling of "problem children." Psychiatric child-guidance differs from other educational approaches as it examines and investigates each case in a direct way, trying to understand the particular case through an interview and not through tests. Tests always refer to an established average, while the psychiatrist intends to understand the concrete personality in all its uniqueness. Thus, psychiatrists become integrated into school systems, are employed to train teachers, and influence, in

their child-guidance clinics, parents and whole family groups. Parents are rather ready to procure psychiatric help when they no longer know how to handle their children. The help which psychiatry can offer to the education of the average normal child, might help to overcome the general prejudice against psychiatric consultation.

As educational problems are merely problems of proper human relationships, psychiatrists are also consulted in many cases of maladjustment to social tasks. They are expected to remedy inadequacies at work and difficulties in getting along with people. Marital conflicts are major problems in our living conditions, and psychiatry has an important contribution to make to marital consultation, which is increasingly needed and sought.

This part of their work brings psychiatrists in close contact with sociologists who are interested in the same problems. Social psychology and its various aspects belongs, as "sociometry", to both disciplines; their cooperation promises valuable insight into the social problems which concern all mankind today. Psychiatrists who study the principles of human relationship in their case histories can contribute to the understanding of the problems of living together, of democracy, of the psychopathology of war and the preservation of peace. During this present war, psychiatrists are called upon not only to help in the adjustment processes of our men to their changed living conditions; they are also involved in analyzing and counteracting propaganda, in keeping up morale, in searching for conditions of a post-war world which will be based on sane foundations, in order to prevent the general insecurity and instability which certainly is partly responsible for the present upheaval.

Much, perhaps too much, is expected from psychiatry. Psychiatrists can gain great influence upon medicine, psychology, education, and sociology. However, they will lose their chances and only create disillusion and bitter disappointment, if the existing tendencies among certain psychiatrists to make their specialty a secret science, available only to the initiated, succeeds; or if unfounded opinions and distorted exaggerations are offered to a confused and embarrassed public looking for advice and help. Psychiatrists can live up to their obligations only if their recommendations are practical and acceptable to the common sense, and can be understood by the average scientist, physician, teacher, and parent. Psychiatric knowledge is needed and requested. It can be hoped that psychiatrists are aware of their obligations and will be able to fulfill them.



## STIGMATA

(Continued from page 6)

### 10. INTERSPERSIONS AND TATTOOINGS

By interspersions one understands the storing of small particles of material which the workers are handling, under the skin. The inner stratifications come about in such a way that the coloring matter penetrates the skin at the same time the injury occurs, as, for instance, the coal-stripe among coal miners.

In tattooing, the injury occurs first, and then the coloring matter penetrates the skin through the injury, as, for instance, in the case of artificial tattooings.

Among interspersions one differentiates two kinds: transitory and permanent. Substances to be considered in these categories are: steel, silver, copper, brass, lead, different kinds of minerals, and coal. These marks are found among forge-hammer workers, silver and steel workers, electro-workers, millers, and metal and stone workers; also among persons who are working with explosive materials, as, soldiers, gunpowder makers, and hunters. Due to the explosive force of the powder, small particles of coal get under the skin.

This short survey of occupational stigmata is intended to give an idea of what great value this science may be in discerning the occupation of a patient, even before questions are asked. This knowledge is exceedingly useful in criminal investigation. The late Sir Arthur Conan Doyle made use of such information and thus Dr. Holmes was able to make such remarkable observations and deductions. Though very much neglected by physicians and dermatologists, this fascinating science is worthy of more thorough consideration.

\* \* \* \*

*The semimythical poet Philotus was so thin that it was said he fastened lead on his shoes to prevent his being blown away.*

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## MUSIC . . .

(Continued from page 18)

which characterized the modern music. Somewhere between these two extremes lies the golden mean which composers should strive for. I think that we will soon have reached the point, again, where our music will be a fusion of the emotion and intellect. I do not want to minimize the importance of the experiments that have taken place in music during the last three decades. We have learned much about orchestration. We have learned that dissonance and polytonality play an important part in musical expression for the attainment of certain definite effects. The scope of harmony and of rhythm has been widened tremendously. Now that we have learned these things, it is time to instill a little humanity, a little beauty, into the parched throat of modern music. The result should be a new and greater type of music.

Let me say in conclusion that I am not one of those that think that musical development has ended with Brahms and Wagner. I think that our music has been consistently developing and that there are several composers now alive who promise many things. We are not living in a sterile musical age. By now the younger composers have learned that the shattering of all the old rules and traditions is not the goal to strive for. They are beginning to compose music with heart as well as mind. There is every reason to believe that ours will be a richly productive age in music. An age that boasts of a Ravel in France, of a Sibelius in Finland, of a De Falla in Spain, of Szymanowski in Poland, of a (Swiss-born) Ernest Bloch in America, of a Shostakowitch in Russia, cannot be called an age of sterility.

\* \* \* \*

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